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PART FIRST.

ORIGINAL COMMUNICATIONS.

ART. I.—*The Differentiul Diagnosis of Tumors in the Female Pelvis.* By RICHARD GUNDRY, M. D.

By the word "Tumors" it is intended, in the following observations, to express not only those pathological conditions which in its strict and most limited application are properly so designated, but also, by an extension of the term, many diseases attended by increased size of the organs affected—the results of exudations in the various tissues of the pelvis—and even physiological changes taking place therein: all of which must sometimes be considered in forming a differential diagnosis of a pelvic tumor. Thus, the existence of pregnancy is not only first suggested by an increased lower abdomen, but both in its normal position, and occurring out of its usual habitat, is always an important point to be affirmed or contradicted. The unpleasant and proportionably frequent errors which have arisen on this very point, are too well known to need any other allusion in this connection. A pelvic abscess often simulates a true tumor during its progress and by its remains afterward. Most, if not all the organs and tissues within the pelvis may become the seat of various tumors, with many of their physical and rational symptoms identical but very different as to the prognosis their character suggests, or the treatment they require. Nor must we omit, in the consideration of these numerous sources of difficulty, another class

of diseases which will require discrimination from tumors of the pelvis—more rare than those above mentioned, it is true, but sufficiently frequent in the past to have caused errors painful to the medical attendants and disastrous to the patients, and always requiring much care in order to their recognition. I refer to those tumors of the kidney, spleen, and even the liver, which, by their enormous size, may enter the limits of the pelvis. A moment's reflection upon these numerous affections, and their common situation in a confined region—little accessible externally, and to be explored internally only with great tact and delicacy—will enable us to appreciate the difficulties and also the importance of the task I have undertaken. My purpose, therefore, is to consider in their relations to one another the tumors met with in the pelvis, the influence each exerts upon parts therein or adjacent thereto, and from every available source to gather the means of arriving at a satisfactory differential diagnosis.

It must especially be remembered that the greatest difficulties we experience in distinguishing these tumors from each other, do not generally occur in the well marked or "typical" specimens of the disease, but in those in which usual and prominent phenomena are either absent or masked by unusual symptoms. The latter may sometimes be identical with characteristic signs of other pathological conditions. They naturally mislead, unless the greatest care is employed in the scrutiny. Moreover, the difference between reading symptoms in accounts of diseases recorded by authors and *reading* the same at the bed-side—soon discovered by the least experienced—is nowhere more palpable than in these disorders.

In forming a differential diagnosis of a pelvic tumor, there are two problems to be solved, viz: *To ascertain the organ to which it belongs* and *the pathological character of the tumor itself.* Sometimes one, sometimes the other of these is the more easily ascertained. I shall take them up in the order I have stated them, although, in fact, this is not the invariable mode of arriving at the truth: for the order of inquiry may be and frequently is the reverse, from the readiness with which the latter is made out. For instance, in those cases, somewhat frequent, where the diagnosis is easily made that the lower abdomen is distended by a considerable quantity of fluid, and that it fluctuates, much more difficulty is experienced in order to ascertain whether the effusion is in the general cavity of the abdomen, or belongs to the ovary, or in some cases to other organs. Often, there-

fore, an answer to the former proposition is all that is necessary, and the inquiry then terminates.

TO WHAT ORGAN DOES THE TUMOR BELONG, OR WHERE IS ITS SEAT? —I shall notice the different sources of information, and the results thus obtained, in their regular order. We omit all description of rational symptoms, though exceedingly useful in many cases, more, however, to corroborate than suggest an opinion, and more available (if the tumor be seen first in its full grown state,) to denote its character as to malignancy, or the reverse, than the determination of its origin. To one who watches the tumor from its first appearance, they are not only useful, but almost sufficient alone, in many cases, for diagnostic purposes. But this is rarely the privilege of the surgeon consulted, to whom such cases come for an elaborate opinion when lapse of time and faded recollections have impaired the value of the history derived from the patient or her friends.

Inspection and external examination furnish us facts as to the position, extent, shape, resistance and movement of tumors. These should be carefully noted, because, though an item may seem unimportant *per se*, it may yet be found an essential link in the whole chain of evidence formed by all the symptoms.

The enlargement of the abdomen may include not only the lower but the upper abdomen also. Tumors of the liver, spleen, kidney, and omentum—which descend into the pelvic cavity—ascites, and some ovarian tumors, may so fill the abdomen as to infringe on the thoracic cavity and interfere with the movements of its viscera. Pregnancy of the same apparent size does not do so to such an extent. In these cases, occupying the abdomen more or less, the principal points made out on external examination, are the margins of the tumor and their continuity with organs beyond our reach. The real and apparent continuity differ very often. The examination requires the utmost possible relaxation of the abdominal muscles, and is best performed when the patient lies on her back, with her lower limbs flexed thoroughly, if necessary in the position for lithotomy. We may thus often detect the true connection of those tumors which counterfeit the appearance of springing from the pelvis, but really come from the viscera above. Serious consequences may result from a failure in this. A case is recorded where an incision was made in the abdomen to remove a supposed ovarian tumor. Removal being found impracticable in this manner, and the mass being solid, it was attempted by suppuration from the intro-

duction of sponge tents. Death resulted in a few days, and the autopsy revealed that the morbid growth was an enlarged spleen. In a case I observed for some months, the lower abdomen appeared more completely filled than above. To the right, the margin was more distinct than on the left side, where it was traced with difficulty. On inspection, it appeared continuous with the pelvis; but on examination in the position described, the continuity of the tumor on the left side upward under the ribs, was apparent. The margin was crescentric, the concavity upward, crossing about the umbilicus, leaving a third of the abdomen free at the right upper portion. Corresponding dullness of course prevailed. Its connection with the spleen was evident, but it required several examinations to verify the diagnosis, and the whole of the crescentric margin was only made out on the increasing emaciation of the patient. To add to the sources of error in these cases, malpositions of the uterus, from pressure, may be present. Partial prolapse existed in the case alluded to. Venous and arterial murmurs are more or less distinctly heard in these cases.

The form and extent of the general enlargement are important points in the diagnosis of renal tumors. There is generally, not always, a space between an enlarged kidney, the ribs above, and the iliac fossa. Where the latter does not exist, it has many of the external characteristics of an ovarian tumor. It, however, occupies a position behind that of the latter, and fills the lumbar regions. It also retains its characteristic oval shape. In hydronephrosis cysts and hydatid of the kidney, when the extension is greatest, the colon passing over it sometimes has the appearance of another tumor. The pelvic organs are seldom affected in position. The signs derived from other sources we shall allude to afterward. The urinary secretions throw great light on these, somewhat obscure, affections. In extensive pyelitis the rational symptoms are of much weight. Hepatic tumors rarely occupy so large a space, and their continuity is usually not very difficult to make out.

In ascites the enlargement is more uniform than in most other conditions alluded to—it is more diffused throughout the whole abdominal region, and varies more with the position assumed by the patient. It is generally globular in form. Unless the abdomen be filled to the utmost limits of toleration, the gravitating ascitic fluid produces appreciable alterations of the *surface;* in this respect differing from ovarian cystic tumors, which move, it is true, from

changes of the position of the patient, but do so, as a whole, changing its boundaries and form, (as often detected), and produce corresponding changes of the exterior, readily suggested by the altered level of a contained fluid. In ascites, when the patient lies on the back, there is generally bulging on both sides, so that the distance between the iliac crest and lower ribs is greater than in ovarian tumors. In the latter, when the curve thus occurs, it is more often confined to one side, and is seldom so marked. The umbilical region is at the same time flatter in the former. Measurement from the umbilicus to the spinal column, and from the fourth lumbar vertebræ to the mesial line anteriorly will scarcely differ in ascites. In ovarian tumors, on the contrary, there is marked disparity. Inspection reveals the veins which ramify over the abdominal surface, increased in calibre in ovarian tumors, but not in ascites. On the other hand, the skin is more distended in the latter.

Uterine tumors, including pregnancy, occupy the central portion of the abdomen, and have a globular shape. Even where they occupy the whole, or nearly so, of the abdomen, their extension from the maedial line, equally, can often be traced in the history. In solid tumors there is a lobulated feeling of the uterine walls. In pregnancy, of course, there is something to be learnt from a comparison of size and time, since apparent growth commenced. Anasaraca accompanies pregnancy more often than other tumors, though it is found associated with them also.

The resistance of a tumor may sometimes be useful more perhaps in determining its character than connection. Hardness is often characteristic of *fibrous* tumors of uterus, a *doughy* feel in pelvic abscess — fluctuation in encysted tumors of organs and ascites. It is more pronounced in the last named. In hydrometra, and especially in extensive dropsy of the amnion, it is also very plainly felt.

Partial enlargement accompanies nearly all pelvic tumors, not included in the foregoing. External palpation, therefore, gives but little aid, except conjoined to other modes of exploration. Attention, however, should be given to the position, its relation to the mesial line — the boundaries of the tumor — its evenness or inequality — hardness and resistance in general.

Percussion confirms many of the observations, by the previous modes. It also adds to our information as to the limits of tumors. The tumors of the spleen are of course marked by absence of resonance throughout their extent. In those of the kidney, the situa-

tion of the colon crossing it, is marked by resonance, in contrast to the utter dullness of the rest of the tumor. The dullness extends to the spinal column. In tumors of the omentum and pelvic abcess of much extent, with modified dullness, there is a boggy feeling imparted to the fingers. In ascites the resonance of the intestines, is usually met with anteriorly, when the patient lies down; in which position the bowels float on the fluid. Dullness is evident in the lumbar regions. The contrary result is obtained in ovarian tumors. Here the anterior abdomen is dull from the intervening body. The bowels behind give a very clear intestinal sound in the lateral regions. About the umbilicus, perhaps, the dullness is most evident. These are, therefore, very important points in the diagnosis of ascites from ovarian tumors. Their value is sometimes invalidated by the following circumstances: the mesentery may be very short, naturally, or rendered so by force of disease, and may thus bind the intestinal canal to the vertebral column; or, ascites may be so enormous, and the abdominal covering so expanded, that a normal mesentery may be insufficient to allow the intestines to float. Under these circumstances, the intestinal sound will be absent as high as the epigastrum; and even the lumbar resonance, present through this latter, is yet more rarely met with. I have seen two instances in which these predisposing sources of error were present. In one case of enormous accumulation of fluid, with tuberculous exudation of the peritoneum, general dullness prevailed all over the abdomen. The mesentery was of normal length, and free. In the other case, an ovarian tumor was diagnosed by several capable gentlemen accustomed to such investigations from the dullness of sound, and other symptoms. The effusion was not so great, and the shape of the tumor, everything, in fact, suggested the ovary as involved. Yet the result showed a remarkably short mesentery co-existing with ascites. F. Von Kiwisch relates one of these embarrassing cases, where a still further complication existed by a displaced and fixed uterus, as if from pressure of a ovarian tumor. It is not easy to see how an error of diagnosis could be avoided. After death, the autopsy showed chronic tuberculosis of the peritoneum as the cause of the effusion so extensive, and adhesions of the uterus. The absence of inequality of surface should be observed in these cases, as this is rarely or never the case in ovarian tumors. From percussion we, therefore, conclude that ascites is present when we find an accumulation of fluid accompanied by distinct intestinal resonance

anteriorly, with dullness laterally. But the absence of these symptoms does not negative its existence.

Hydatids occurring near the surface may be detected by a feeling of elasticity imparted to the fingers, on palpation and percussion. Piorry describes a hydatid fremitus like the sensation from striking a watch when held in the hand. I think the former is more appreciable, and easily acquired after meeting with such cases.

Auscultation is especially useful in cases of suspected pregnancy, even when it happens to be complicated with ascites, dropsy of the amnion, or other tumors. If the pulsations of the fœtal heart can be distinguished, there can be no doubt of the existence of pregnancy, and the inquiry is concluded. But this sign may be wanting during such a condition, for proof of which other signs must be relied upon. The sounds resulting from the movements of the fœtus, are very obscure at first, as of a body moving under the stethescope, but later in gestation, the sound is accompanied by a shock or elevation of the ear of the observer, like a blow on the parietes of the uterus by some part of the fœtus. But the fœtal heart sounds, and these are with difficulty made out when dropsy of the amnion is present. To these sounds may be added the funic "soufflet." There is also another very distinct sound heard in pregnancy, and formerly believed to be pathonogmonic, and to depend upon the placenta as its cause. It was thus termed the placental murmur. More accurate observation has shown it to depend upon the vessels of the enlarged uterus. Although not peculiar to pregnancy, for it is found in the enlarged uterus from fibrous tumors, (hypertrophy—polypi), it assists in determining the uterus as the seat of the tumor. Venous murmurs are heard in splenic tumors, very low down sometimes, accompanied by a thrill. In some fæcal tumors, also, it is stated by Hennoch that crepitation has been heard.

[CONCLUDED IN NEXT NUMBER.]

Art. II.—*The Third Stage of Labor.*

[Read before the Montgomery County Medical Society, August 2d, 1855, by J. C. Reeves, M. D., Dayton, Ohio.]

"It is a matter of the utmost delicacy for a physician to protrude upon the profession his general statements, either in regard to the phenomena of disease or the action of remedies. The value of such statements does not depend upon his veracity only, but must likewise rest upon the character which he bears as a philosophical observer, and the extent of the observations on which his conclusions are founded.—Abercrombie.

"An egge representeth the wombe: now the henne with keeping the egge warm doth breed the chicken, which when it comes to maturitie doth chip the shell, and is by degrees hatched without injurie. These signatures may teach midwiues patience, and persuade them to let nature alone to perform her own work, and not to disquiet women by their strugglings, for such enforcements rather hinder the birthe than anywaie promote it, and oft ruinate the mother and usually the childe; and let midwiues know that they be nature's seruantes."—Dr. Willughby's MSS. 1640.

An article under the above title has recently appeared in the "Medical Counselor," written by a member of this Society, in which a new mode of treatment for this stage of labor is advocated, directly opposite to that laid down by standard authors on the subject, totally different from that pursued by the great body of the profession, and as we believe impossible of application without doing violence to the principles of physiology, and placing the safety of the patient in jeopardy. Entertaining these views, a sense of duty impels us to an examination of the grounds upon which this new mode of treatment is based; if it is in accordance with the principles of physiology it should be adopted—if not it should be rejected. If the patient is spared risk and suffering, we should certainly pursue it—if, on the contrary, she is exposed to extra risk, by unnecessary and mischievous interference, no terms can be strong enough to express our disapprobation of it. In performing then, what we feel to be an imperative duty, we hope neither the Society nor the individual will feel that we are trespassing upon their rights; the one is open for the discussion of all scientific subjects—the other by printing an article for the benefit (?) of his medical brethren has courted that criticism to which all writings are subject, and at the exercise of which he should not complain.

Opinions as to what is the correct management of the third stage of labor have vibrated between the widest extremes. From the manual delivery of the placenta, immediately after the birth of the child once universal, the pendulum was swung to the other extreme of the arc by Ruysch, Hunter and Denman, who saw the evils of rash and unnecessary interference, but in avoiding them they fell into all those resulting from inaction and delay. The late writers on the subject have recommended a course between these extremes, which has been adopted and is universally pursued by the profession now. Knowing that in many cases the placenta is thrown into the vagina by the same pain that completes the expulsion of the child they remove it immediately this fact is ascertained, but when it remains in the uterus after the birth of the child, waiting for a return of those pains which are necessary to expel it, unless some unusual symptom, as hemorrhage, should call for its immediate extraction, when the time has elapsed within which the placenta is usually expelled, say 15 or 20 minutes, using gentle means to bring on the contractions of the uterus, advancing to more powerful ones as these prove inefficient, and only proceeding to the ulterior measure of manual extraction after the elapse of a certain period has proved that the natural efforts are insufficient to accomplish it—that "certain period" being named by most authors to be one hour, by some at from one to two hours; but by none of them is the *time* alone ever allowed to be the only ground for action, but the attending circumstances are to be carefully weighed. To quote from Churchill, "in estimating the interval which ought to elapse before we interfere [to remove the placenta] we must therefore take into consideration the peculiar kind of labor and probable amount of fatigue, and allow a certain variation accordingly."

This we believe to be the course now generally recognized and pursued for the management of the third stage of labor by the profession, and which we think will continue to be pursued, unless the writings of the gentleman shall convince the medical public that the mode of treatment in vogue previous to the time of Ruysch, Denman and Hunter, and which they used all their talents to abolish, is the preferable one. Let us now compare this standard course with that recommended by the gentleman, and that we may not misrepresent him we quote his own words:

"As soon as respiration is established in the infant, I ligate and cut the cord and transfer the *youngster* to the nurse or some bystan-

der, and without any delay, proceed to remove the placenta. This is accomplished by firmly grasping the fundus of the uterus through the pendulous walls of the abdomen with the left hand, while gentle, uniform traction is made upon the cord with the right."

"During a practice of the past eight years, I have in no instance waited for the spontaneous expulsion of the secundines."

These are fair extracts. He says nothing about ascertaining whether the placenta is in the vagina or uterus—whether it is within reach of the finger or not—and whether the uterus is contracted firmly or not at all, his treatment is the same, "differing only in degree of promptness with which the action should be made;" which treatment is to grasp the uterus with one hand while he tugs away at the cord with the other, limiting the degree of force used only by the probability of tearing it asunder.

"When this organ [the uterus] is acting with any considerable degree of vigor, *it is not a matter of much moment what amount of force is applied to the funis so that it is not ruptured.*"*

Writers on obstetrics have taken great pains to inculcate one principle as of great importance in the treatment of parturient women, which is that "meddlesome midwifery is bad," and in no case have they more strenuously argued this than in the management of the placenta. The application of this principle to the third stage of labor, does not imply that women will be left to perish for want of assistance, but encourages some little reliance on nature for the completion of that series of actions which probably more than any other illustrate the Divine wisdom. In the language of Denman—"when we have seen a child safely expelled by a process beautiful, and regulated by the greatest wisdom, there seems to be no reason why we should be apprehensive of error or inability in those powers for the separation of the placenta, which is but an inferior or secondary part of the same process; or why we should not in this, as in all other cases of medicine, be first convinced of the necessity of using art before we attempt to give assistance." They have, with singular unanimity, pointed out the dangers likely to ensue from a violation of this principle in regard to the placenta which are irregular contraction of the uterus increasing the difficulty of the placental delivery, hemorrhage and inversion of the uterus. But to show what importance they attach to a judicious treatment of this stage of labor, and how much they deprecate rashness and haste, we quote from some of the standard writers on the subject.

* We italicise these words ourselves.

Meigs, in his Treatise on Obstetrics, which, with all due deference to the gentleman we believe to be as fully followed in America as Ramsbotham or any other author, says:

"I know no objection to a patient waiting for the spontaneous movement of the organ [uterus] where no hemorrhage or other appearance is observed."

"In a major part of the examples, it [inversion of the uterus] has been produced by an improper haste and impatience to get away the after-birth."

In James Burns' Principles of Midwifery, we read—"We find that the speedy extraction of the placenta is directly hurtful; both as it is painful, and as it is also sometimes followed by uterine hemorrhage, or if rashly performed, by inversion of the womb."

Hemorrhage is caused "when the placenta is rashly extracted immediately after the birth of the child."

"Inversion, in a great majority of cases, depends upon the midwife endeavoring to extract the placenta by pulling at the cord."

John Ramsbotham, in his "Practical Observations on Midwifery," says:

"The habit of hurrying the removal of the placenta, under all circumstances, cannot be too much deprecated."

"The attempt to withdraw the placenta by any degree of force, by the funis as long as it is out of the reach of the finger, as long as it is entirely enclosed within the uterine cavity, is at least premature and injudicious, and may prove seriously injurious."

He also reports a severe case of hemorrhage produced by too hasty extraction of the after-birth, and says, "indeed the repeated tearing of the funis is in itself not devoid of mischief."

In Dewees' Baudoloque we find the following: "We ought never, in the natural order, to attempt delivering the placenta till it be detached and the uterus endeavors to expel it. A return of the pains announces that instant."

Chailly teaches waiting for a return of the pains, say 15 or 20 minutes—and says "these indicate the separation of the placenta." "If the separation has not been completed, he must wait," and mentions one hour as the time he would allow to elapse before proceeding to extract.

Murphy says, "by pulling frequently at the funis, to ascertain if the placenta be separated, you may excite an irregular contraction of the uterus."

In F. H. Ramsbotham's work we read "there is no part of natural labor which requires so much judgment as the conduct of the third stage." And "So long as the mass remains perfectly out of the reach of the finger, so long is it completely included within the uterus, and so long no attempt must be made to remove it by traction at the funis."

In recounting the errors which the inexperienced practitioner is liable to commit, under the head of retained placenta, he says—"he may pull too violently at the cord and cause rupture of the placenta, rupture of the cord, or inversion of the uterus."

Dr. Keating, the American editor of Ramsbotham's work, says: "In a number of cases when we resort to traction upon the cord, the placenta is partially in the os uteri, grasped by its rim, and so far extended that all danger of inversion is obviated, but still so much under the grasp of the os uteri, that the slightest traction causes the engaged uterus to descend into the placenta, laying the seeds of those various annoying displacements of the uterus. How familiar to our ears are those words of the poor sufferer. 'I felt the first symptoms of this disorder soon after my last confinement.'"

It will be seen at a glance, then, that the gentlemen differs, diametrically, from all the authors considered standard on the subject. A course of procedure which he recommends, as adapted to every case, they especially warn the practitioner against following, and point out great dangers likely to arise from it. Of course he has reasons for differing so widely from men whose learning, experience, and superior talents, enable them to speak with authority on the subject, and he gives them as follows:

1st. A saving of pain to the patient;

2d. A saving of time to the accoucher.

In regard to the first, he says:

"As long as it (the placenta) remains in the cavity of the uterus it is productive of constant pain and anxiety to the mother, and a source of positive danger to her well being. Humanity demands her speedy relief."

This proposition we deny *in toto*, and appeal from the statement of the gentlemen to the experience of the profession at large. True, so long as the placenta is undelivered, the labor is not complete, and that amount of anxiety must continue which belongs to the process in general; if the uterus is contracted she certainly is in no danger, but in these cases, the gentlemen advocates extracting even

more hastily than where it is uncontracted. But that a woman is in imminent peril merely because the afterbirth is not delivered, or that she suffers, on that account, an amount of pain and anxiety sufficient to render the interposition of art necessary, is untrue. On the birth of the child the patient experiences infinite relief from pain—a sense of comfort, inexpressible by words, and her heart is full of joy and thankfulness, mingled with the gushings of maternal love.

That the second argument should be of value, the amount of time saved by the course the gentlemen recommends, must be sufficient to be immediately recognized as of importance by any one. But this is so far from being the case, that the advance in favor of any operation involving risk to the patient, would be simply ridiculous were it not a question in which lives are at stake. Churchill reports that, in 277 cases, the placenta was delivered in 176 within 5 minutes, 60 within 10 minutes, and 14 within 15 minutes; this leaves only 27 cases out of 377, in which delivery of the afterbirth was delayed beyond 15 minutes. The gentleman states in his paper, that, with "one exception, he never failed to deliver the placenta within six minutes."(?) Allowing this to be the case, in the great majority of cases he saves just *nine minutes!* Is it possible, that this amount of delay is considered worthy of being placed in contrast with the peril which all writers on obstetrics agree in stating the mother is exposed to by the too hasty extraction of the placenta? Is it the object of the physician to deliver the woman, and get out of the house as speedily as possible? Or, is not her safety the paramount object, and should he not remain near her for an hour after delivery to guard against that concealed hemorrhage of which the gentleman is in such dread? Of all arguments to support a professional question, the saving of nine or ten minutes of time, is the most trivial — the most unscientific — and, considered, in reference to the question at issue, the most heartless.

If the argument is a good one, it will apply equally to the second stage of labor as to the third. Are we then to understand the gentleman that as soon as the head of the child is born, he would proceed to insert his fingers into the axilla, and make efforts to extract the shoulders? that as soon as the shoulders are delivered he would drag away the hips? or, perchance, as soon as the uteri is dilated he would give a powerful dose of ergot? *Time would be saved* by these means; but we scarcely think the gentlemen is guilty of them. He must have often seen a delay of several minutes between the ex-

pulsion of the head, shoulders and hips of the child, during which delay the uterus was regaining that nervous power, expended in its continuous efforts, and without which no contractions can take place. The same period of repose is necessary between the birth of the child and of the placenta, and to interfere with it is to pursue a course not founded upon the teachings of physiology. The *dynamics* of labor are as well worthy of study as the *mechanics*.

There are several points in the gentleman's paper, which we believe are just cause for the application of the term unfairness. Speaking of the removal of the placenta immediately after the birth of the child, he contrasts it with the pain given, by the same operation, "two or three hours" after birth. This implies, of course, that all other physicians are in the habit of waiting that period of time before proceeding to extract it. Now, this is not the case, and we challenge the gentlemen to produce a text book, in general use, advocating so long a delay. We have already shown why Ruysch and Hunter advocated leaving the afterbirth entirely to the powers of nature. Yet the latter adopted a more energetic practice before his death, in consequence, Dr. Hamilton says, of losing several patients by so long delay: a note in James Burns says he lost five patients of rank in this way, and then changed his practice. The gentlemen may bring forward Denman, who, indeed, does recommend waiting *four hours* before proceeding to manual delivery, but his work is very rarely seen in the hands of students and practitioners now. Were this not the case, we happen to be able to refer to the preface to his work written for the last edition, and stated, Nov. 1st, 1815, only two weeks before his death, in which is the following passage, indication of the change his views had undergone on this question:

"I must, however, allow, that since improvements have been made in the treatment of woman in childbirth after delivery, and perhaps in fixing with more precision the time when the interposition or assistance of art is regarded."

We think the gentleman unfair in merely stating that "gentle friction over the surface of the abdomen, as directed by authors, is not sufficient to produce any good results." Do not authors recommend any other means but "gentle frictions?" One would imply not, from reading the paper, and that "grasping pressure" in the fundus of the uterus was now, for the first time, proposed! Again, he says, "I cannot call to mind a single case in which the new

mother was left by me longer than a moment or two before the application of the bandage." Does this not imply that other physicians *are* in the habit of leaving *their* patients? Yet what practitioner does not stay by his patient until she is safe and comfortable? We should be sorry to charge the gentlemen with intentional or partial statement of his opponent's grounds, yet this thing looks so much like it, that we must either believe this to be the case, or that he was ignorant of the course usually pursued by his medical brethren.

There are several statements made in this extraordinary document which we cannot understand. Whether the fault lies in the paper itself, or in ourselves, we leave others to determine. For instance, we cannot find where Ramsbotham teaches that the delivery of the placenta is to be left to the nurse! We have carefully read all he says on the subject, and some of our friends have done the same, yet nowhere can we find such an unheard of course of conduct advised. We cannot understand how, in the language of the gentlemen, "the placenta remains within the cavity of the uterus as a foreign substance preventing hemorrhage until the uterus expels it." We have always understood that one of the most violent forms of past parturient hemorrhage occurred when the placenta was retained within the cavity of the uterus; but if it really does "act as a foreign substance, preventing hemorrhage," what need of such haste in getting it away, as the gentleman recommends? Nor can we understand, again, how flooding is *impossible*, after the application of a binder, however well applied. The question arises here, is the contraction of the uterus, after delivery, an active vital process, proceeding from its inherent power? or is it a mere mechanical affair, produced by external pressure? There can be but one answer to the question. Are we then to place some little reliance in those powers for the completion of a process so admirably conducted? or must we always stand in fear and trembling for our patient's safety, until those aids to nature which we can render are put in force. We confess to a preference for relying on nature, in some small degree, and cannot see the necessity of causing the suffering and exhausted patient to seize her own uterus, immediately after delivery, as recommended by the gentlemen, and hold it as if to relax her grasp was death!

In concluding his article, the gentleman with great candor admits that "almost the entire weight of obstetrical authority is

adverse to the *manual delivery of the placenta.*" He cannot certainly *mean* this, since there is not one author that does not counsel its manual delivery, under certain circumstances; if he means that they do not advocate the rash and hasty extraction, adopted by himself, he is nearly correct, and he would have been quite so had he omitted the "*almost!*" We wish we could say that his candor was equaled by his *modesty*. Admitting in one part of his paper that he never introduced his hand into the uterus to extract a placenta, he yet talks with the most positive knowledge of the effects resulting from such an operation, at different periods of time; basing his conduct upon experience, "the umpire from which there is no appeal," he considers that which has fallen to his lot superior to all other in the world. Besides the knowledge gained in his practice of "*eight years*" in an inland town, without the benefit of these large public institutions, in which great experience is attained in a short period of time, the knowledge of all the standard writers on the subject sinks into the shade, and the experience of Meigs, Dewees and Denman, the two Ramsbothams, the younger of whom, alone, had more than 68,000 labors under his supervision, Smellie, Collins, Ashwell, Rigby, Churchill, Lee, Naegele, Baudoloque, and Siebold, are no longer worthy of consideration. R.

DAYTON, O., August 2, 1855.

ART. 3.—*Physicians* vs. *Quacks*. By H. GRAHAM, M. D., Toledo, O.

No one can be very prosperous and happy without health; and no one can have any security for life, or even health, who employs an imposter or quack; or who trusts his life and health in the hands of an ignorant pretender. The above declarations and truisms, are so self-evident, that no intelligent person can deny or gainsay them; and yet they are disregarded and violated daily, in practice! In no other matter do people act so unwisely and preposterously, as in the case of their health, and the measures to which they resort for its restoration, when impaired. All admit that "we are fearfully and wonderfully made," and yet many think, or seem to think, that any "tinker" can *mend* us! Notwithstanding our country is well supplied with intelligent scientific men, who have devoted many years of patient, self-denying study, to acquire a knowledge of the human system, and a knowledge of diseases and their remedies,

many people rush heedlessly for relief into the arms of the noisy impostor, deceived by promises loud in sound but impossible of fulfillment.

It is not only humiliating, but it is a direct insult to the conscientious and scientific physician, whose time and means have been freely devoted to preparing himself for his honorable and responsible profession, and for usefulness to the public, to be placed below or even on a level with the ignorant and impudent pretender, by what is called an intelligent community. This is not only done daily, but it is encouraged by those who ought to know better, and and who do know better, and would do better, if they would give one intelligent thought to the subject; or if they would do to others as they would like, and expect, others to do to them under similar circumstances. Gentlemen belonging to other learned professions would complain loudly and bitterly, if they were treated in the same way, or if quack lawyers, quack clergymen, &c., were patronized by the public, or by the medical profession. It is a notorious fact, that professional men do not scruple in this and almost every other community, to patronize, flatter and feed the ignorant quack and impudent impostor, at the expense of honest, competent and scientific physicians. Lawyers and clergymen are particularly obnoxious to this statement. "From the huge humbug called Homeopathy, to the most absurd and despicable spirit-rapping mania, and *clairvoyant* fooleries, the world runs mad for *something new*." It matters not what it is, provided it is new, or provided it is ridiculous! How it is, or why it is, that professional men, learned men on other subjects, good men, useful men, respectable men; such as lawyers and clergymen, should in any case, or under any circumstances, employ a quack and impostor to prescribe for themselves or for any of their families, is what I cannot account for, understand, or explain. It would be ungenerous and cruel to say or think, that it is done out of any ill will to their families or to the scientific physician; it would be unkind to say or think that they wish to encourage ignorance, deception and fraud, (although they really do this, who employ quacks); and it would be uncharitable to impute to them any bad motive, and I would not do it. But, I would ask, how can we account for the fact, that some lawyers and some clergymen do employ quacks? Can they not discriminate between the learned and the unlearned, between the intelligent, scientific physician, and the unprincipled, ignorant, boasting pretender? Do not lawyers

and clergymen, as well as others, know that physicians have rarely, almost never, deigned to utter a word of remonstrance at the folly of those who choose to employ quacks? Do they not know that the aims of the profession are too high, and its ministrations too sacred to admit of its members contending with such persons for that emolument which properly and justly belongs to them alone? Does not every intelligent man know that it is beneath the dignity of a physician to ask for professional business, directly or indirectly? And does not every intelligent man know that this is one of the characteristic differences between the physician and the quack? None but a quack will go about seeking business, and boasting of his skill and success. Does not every intelligent man know that "there is none of that blazonry and boasting, which takes the popular eye and ear, about the true and honorable physician?" Every physician is perfectly willing to leave these means of sustenance to the miserable individuals, who would certainly starve by their quackery without some such specious show. "Most of the duties of the honorable physician are quietly done, his cures are not boasted of or pamphleteered about the streets; and his "advice gratis," is almost never known, though many have it daily." "To the disgrace of the daily press, (with only one or two honorable exceptions) the most culpable support is given to those who literally trade and speculate in health and life." For the sake of pelf, papers whose managers profess to be honorable and intelligent, defile their columns with the most disgusting and vulgar advertisements, and thus induce many of their readers to purchase quack nostrums, which are destructive to health and life; and which not only rob the innocent purchaser of his money, but fill the coffers of the dishonest quack. Whatever may be the motives of lawyers, clergymen and editors, (who ought to know better, and do better) in employing quacks, and countenancing quackery, it is very certain that they are responsible for most of the evils which grow out of this disgraceful system, or these disgraceful frauds upon the public. It is generally thought that lawyers, clergymen and editors ought to be able to discriminate between the physician and the impostor; and if they, for any reason, or without any reason, countenance quackery, they induce others who are incapable of discriminating to do the same thing. Because Judge Edmonds believes in "spiritual-rappings" and other nonsense, thousands believe the same thing! Because Esquire A, the Rev. Mr. B, and Editor C, give their countenance and support to

quackery and quack nostrums, thousands do the same thing without investigation, and without any thought, except that they think these "wise men of the East" and of the West, such as lawyers, clergymen and editors, ought to know "what is what." I am willing to admit that lawyers (some of them at least) understand the law, but they do not understand the science of medicine. Clergymen (some of them at least) may know what is good for the soul, and may understand our spiritual necessities; but very few, if any of them, know very little of the human system, anatomically or physiologically, or what is necessary for the cure of diseases. Editors may understand politics, and they may understand how to make money by advertising and puffing quack nostrums; but what do they know of the science of medicine and the treatment of disease? Nothing. Who would trust a lawyer, clergyman or editor to prescribe for him in sickness? No one. Why, then, should any one be influenced by them in the choice of their physician? Why should any one employ a quack, because some lawyers, clergymen and editors employ them? Or, why should people swallow quack nostrums, because they are advertised and puffed by editors, or recommended and certified to by *some* lawyers and clergymen? Health and life are too valuable to be sacrificed on the opinion of such lawyers, such clergymen, or such editors. A man may be a good lawyer, and yet know nothing of theology or medicine; a man may understand theology, and yet be ignorant of medicine and law; and, in fact, there are very few who are capable of acquiring a thorough knowledge of all the learned professions during a lifetime. Too much confidence is placed in the opinions of lawyers, editors and clergymen, in relation to medicine and physicians. Many of them have very little knowledge of either, as is evident from the fact that some of them employ the most ignorant and unprincipled impostors. But so long as the public have confidence in these men of wisdom and learning, they should be, and will be, held responsible for the mischief they have done, and are still doing by patronizing quackery, whatever may be their motives. No man has any right to trifle with his own health or life, especially when he knows that his example is destructive to the health and life of others. Judge Edmonds is responsible for many of the evils of "spiritual-rapping" and "table moving," and these evils are numerous. Mr. Miller is responsible for many of the evils of "Millerism," and who can calculate the sum of these evils? Jo. Smith and Young are responsible

for many of the evils of Mormonism, and the amount is incalculable! And lawyers, clergymen and editors are responsible for most of the evils of quackery; and can any body tell the amount of suffering, and the destruction of health and life, produced by quackery and quack nostrums! Physicians have no other interest in this matter than the public good; "the greatest good of the greatest number." In behalf, then, of the suffering public, I would appeal to lawyers, clergymen and editors, who have heretofore directly or indirectly given their countenance and support to quacks or quackery, in any of its protean forms, to repent and reform; and hereafter to act with judgment and discretion in these matters, and to treat the medical profession with that respect and confidence to which they are entitled; and to treat quacks and quackery as they deserve. Let all stand upon their merits. At present, quacks and impostors are hanging on the skirts of some lawyers, some clergymen, and some editors; if either of these learned gentlemen ever expect to get a higher and better place, they must shake off these vampires, these hindrances.

JUNE 11, 1855.

PART SECOND.

AMERICAN AND FOREIGN INTELLIGENCE.

ART. 1. — *Lithotomy Simplified; or, a New Method of Operating for Stone in the Bladder, &c.* By GEORGE ALLARTON, M.R.S.C., Deputy-Coroner for the West Bromwich District, of South Staffordshire. (1854, London, Ash & Flint; 8vo., pp. 80, with plates.)

The operation which Mr. Allarton recommends is a modification of the old Marian operation, which was practiced by all the surgeons in Europe, in the sixteenth and seventeenth centuries, and which has been revived in variously modified forms at different times since, particularly in 1843, by Dr. De Borsa, of Verona. In the Marian operation a grooved staff is introduced, and *cut down upon in the middle line*, and various instruments are then employed to dilate the opening into the bladder.

Mr. Allarton thus describes his method :

"I introduce a grooved staff in the usual manner, and of the usual size, and confide it to an assistant, with directions to keep it perpendicular and hooked up against the pubes : I then introduce the index finger of my left hand into the rectum, placing its extremity in contact with the staff, as it occupies the prostate, and press it firmly against the staff, so as to steady it, then, with a sharp pointed straight knife, with tolerably long and rough handle, I pierce the perinæum in the middle line, about half an inch above the anus, or at such distance as may appear necessary to avoid dividing the fibres of the external sphincter, I carry the knife steadily and firmly on till it strikes the groove of the staff, the deep sphincter lying between the knife and the directing finger, which enables me to judge of the distance as the knife passes along. If the incision be not made exactly in the median line, the contracting fibers of the injured muscles draw the point of the knife from its direct line, and interfere with the accuracy of striking the staff, hence the advantage of a long rough handled knife, which affords a firmer hold and better purchase. Having struck the groove of the staff, I move the point of the knife along the groove toward the bladder a few lines, and then withdraw it, cutting upward, so as to leave an external incision of from three-quarters of an inch to one and a half inches, according to the presumed size of the stone—the escape of the urine indicates the entrance to the urethra. I then introduce a long ball-pointed probe or wire through the external opening, into the groove of the staff, and slide it into the bladder, to sufficient depth to insure its safe lodgment in that viscus, and withdraw the staff. I then well grease the index finger of the left hand, and pass it along the probe, with a semirotatory motion, through the prostate into the bladder; which procedure is achieved without difficulty, and when the stone is free it comes at once into contact with the finger, and, if of moderate size, passes at once into the wound on withdrawing the finger, the patient having power to strain upon and thereby facilitate the extraction of the stone; this last mentioned power being one of the great advantages of this operation; the incision being made strictly in the median line no muscles are divided, and the integrity of the bladder being preserved, it is under the control of the patient, who exerts, at the wish of the surgeon, a powerful propulsive effort which keeps the stone in, or in contact with, the internal extremity of the wound, where it is easily seized by the forceps, and extracted by mild persevering traction. Now as

the aperture is necessarily the size of the finger which produces it, if the stone be large some other dilating power must be employed in addition to the dilating effect of the forceps and stone combined; for this purpose Weiss' three-bladed female dilator, Arnott's hydraulic dilator, or what is at once ready and effective, the addition of the vulcanized India rubber finger stalls one over another, until the finger is sufficiently enlarged for the purpose, the outer covering being well lubricated with lard before being introduced. But Arnott's dilator, where it can be procured, is by far the most efficacious, though not the most expeditious means. Should the stone be of unusual size, it may be readily broken by a short, strong and straight lithotrite, or by a strong and suitable pair of forceps closed by a screw, if the stone be soft and yielding — I say readily, because the stone is, in this operation, within so short a distance of the external aperture that mechanical aid can be brought to bear upon it without the slightest difficulty or risk; again, should the stone resist the efforts to crush or extract it, the wound can be readily enlarged upward or downward, by dividing the deep fascia, or even be converted into a bilateral aperture sufficient to extract any average sized stone. I believe the deep fascia to be the greatest obstacle to the extraction of the stone: I have observed that it acts like a ligature round the finger or forceps, and resists the extraction of the stone. The patient suffers little in this operation, and merely complains of the pricking-stabbing sensation of the first thrust of the knife, the subsequent extraction of the stone does not appear to cause pain; he passes his urine freely by the urethra as well as by the wound, from the time of the operation, and there can be little doubt that the wound might be nearly healed by the first intention with perfect safety. Two of my patients were up and out the day after the operation, and one was walking out on the third day, (a cold, snowy, frosty day). The wound left entirely to nature, without tents, &c., heals in about three weeks. The patient, from the completion of the operation, excites no anxiety for his safety; he usually sits up and moves about on the following day, and I cannot well imagine the advent of inflammatory or other bad symptoms.

"The three principal features in this operation, as different from De Borsa's, are — First, the introduction of the finger into the rectum as a guide, by which the staff is held steady, and the course of the knife guided, so as not to approach too closely to the rectum,

and to insure the striking of the groove of the staff on the first attempt.

"Secondly, The cutting on the staff daggerways, completing the incision at one introduction of the knife.

"Thirdly, The complete withdrawal of the staff on the introduction of a long probe, which renders the chance of lacerating the prostate less, on the forcible introduction of the finger."

The advantages of the operation, according to Mr. Allarton, are —

"The impossibility of missing the bladder — the smaller amount of cutting than in the lateral operation — the neck of the bladder being uninjured — the smaller amount of blood lost — the prostate being merely dilated, not incised — the urine being at once passed by the urethra as well as by the wound, unless the union by the first intention be effected — the facility with which the stone is reached, the patient being able to propel it toward the wound — the very short distance between the external opening and the interior of the bladder — the capability of breaking or crushing the stone, and washing out the bladder and freeing it from any minute particles — the small amount of pain — the absence of danger from urinary infiltration—no muscle or vessel of any consequence being divided, no subsequent imperfection can arise — no danger of wounding the rectum — the rapid recovery, the patient being able to go about the next day — and the great facility with which the operation can be done by any practitioner of ordinary skill and ability."

One argument in favor of the median operation strikes us as of much force.

"It is evident," writes Mr. Allarton, "that all the muscles forming the floor of the pelvis act in unison—to divide any one of them, or the fascia which supports them, destroys the integrity of the whole; hence, we find that the patient, in the lateral operation, has not the same power to strain and cause the bladder to expel its contents—the *point d'appui*, of one side is gone—the injured side ceases to be antagonistic to the other, hence the bladder recedes before the finger, and before the forceps, requiring the utmost stretch of the finger, sometimes, to reach the stone; whereas, in the median operation, the finger readily explores the bladder, and the patient, by his voluntary efforts, can propel the stone toward the aperture, and materially assist the operator in its extraction. Any gentleman who has once explored the wounds made in the two operations, with his

finger, will not fail to perceive, and acknowledge, the great advantage of the median over the lateral operation."

Dr. De Borsa says that of 100 cases operated upon by Dr. Manzoni and himself, only one proved fatal, and that from causes irrespective of the operation. Mr. Allarton has operated thrice, the first time about fourteen years ago.

Mr. Allarton also describes an instrument which will insure the right position of the incision, and which may be used by persons who cannot trust themselves to use the simple knife. He also enters into many details, for which we must refer to the book itself. The whole question is one of much importance, and surgeons will do well to read this small work.—*Abstract.*

ART. II.—*An account of the cases of Dislocation of the Femur at the Hip-joint, treated by manipulation alone, (after the plan proposed by Dr. W. W. Reid, of Rochester, U. S.,) in the New York Hospital, during the past two years.* By Dr. THOS. M. MARKOE, Surgeon to the New York Hospital. ("New York Journal of Medicine," Jan. 1855.)

In the Transactions of the Medical Society of New York, for 1852, is a paper by Dr. W. W. Reid, of Rochester, U. S., entitled "Dislocation of the Femur of the dorsum ilii reducible without pulleys or any other mechanical power." In this paper, Dr. Reid shows that the dislocation in question can be reduced "by flexing the leg on the thigh, carrying the thigh over the sound one, upward over the pelvis, as high as the umbilicus, and then by abducting and rotating it." He also describes the steps by which he was led to adopt this mode of practice, and relates five cases in which the practice was successfully carried out.

Since this time, this plan has been successfully carried out in several instances, and the paper now under consideration contains fourteen cases, occurring in the New York Hospital, which fully bear out Dr. Reid's expectations. Dr. Markoe, indeed, thinks very highly of the merits of the plan, and we are quite of the same opinion.

Before relating his cases, Dr. Markoe shows that all the credit of the suggestion cannot belong to Dr. Reid. More than once the head of the thigh bone has slipped back accidentally by moving the limb about either before or after extension; and Chelius gives an outline

of the views of four writers (and these not all)—Wattman, Kluge, Russ and Colombat—who have proposed to reduce the dislocated hip by the hands alone of the surgeon and his assistants, without the aid of pulleys, or of any kind of forcible extension.

The plan failed in three out of the fourteen cases which are related in the paper under consideration, but Dr. Markoe thinks this would not have happened if he had then known as much of the mode of manipulating as he knew subsequently. We give seven of these cases, including the three failures.

Case 1.—The first opportunity which presented itself for the trial of the new method, was in the case of an Irish laborer, who was brought into the New York Hospital, November 30th, 1852, with a luxation of the right thigh. He had been struck, a short time before admission, by the cow-catcher of a passing railway train, and thrown some distance, and in his fall, probably, the accident was produced. The symptoms were those of the dislocation of the dorsum ilii, the head lying rather lower down and nearer the ischiatic notch than usual. The thigh was shortened about two inches, extended across the other, with the ball of the great toe of the injured limb touching the instep of the other foot, fixed in its position, and the head of the femur was felt in the position above described when the thigh was rotated on its axis. In addition to this injury, he had received a compound fracture of the left leg, three inches above the ankle, together with a good deal of bruising of other parts of his body. The patient was etherized to the extent of complete relaxation, and Jarvis' adjuster was applied. It broke on the first trial of extension, and was laid aside. This mischance suggested the trial of Dr. Reid's plan, which was accordingly adopted. The operator, Dr. Buck, after bending the leg upon the thigh, gradually adducted the thigh, while at the same time it was being flexed upon the trunk. Carrying the limb thus bent at the knee, and strongly adducted, over the sound thigh, by a gradual sweep over the abdomen, and then slowly and steadily abducting the limb so as to carry the knee outward, making at the same time a rocking motion by moving the leg backward and forward, had the effect of dislodging the head of the femur from its new position, and making it approach the acetabulum; but it did not enter the socket. From the position above indicated, the limb was now brought down slowly toward a straight position, still kept in a state of forced adduction. This last manœuvre seemed to have a very powerful influence in forcing the head

towards the acetabulum, but the whole proceeding was completed without success. It was observed, however, that the head had been moved a little higher on the dorsum than it was before. The same manipulation was now again practised more deliberately and more carefully than before, and as the limb was being brought down abducted, we had the satisfaction of seeing and hearing the reduction effected, by the head of the bone slipping into its socket. All deformity had disappeared, and the motions were free in all directions. The other injuries were properly attended to, and the recovery from the effects of the luxation was rapid and satisfactory. He finally recovered from his compound fracture also, and left the hospital with a good leg and a perfect hip.

Case 2.—An Irish laborer, æt. 25, received an injury of his right hip, and a fracture of one of his clavicles, by being thrown from a railroad car, while it was in motion. He was received into the New York Hospital, December 8th, 1852, under the care of Dr. Halsted. On examination, the injury to the hip proved to be a luxation of the femur upward and backward on the dorsum ilii. The patient was placed immediately under the influence of ether, and the reduction was attempted by a procedure nearly the reverse of that above described, in Case 1. The leg being flexed upon the thigh, the limb was flexed upon the trunk and carried up in a state of abduction, then cross the abdomen, and being fully abducted, was, in that state, brought down to the straight position. The effect of this mode of operating, which is almost precisely that said to have been employed by Professor Nathan Smith, was to throw the head of the bone forward, under the anterior superior spine of the ilium, and it was quite evident that a very little more force in the same direction would have brought it upon the pubes. This plan was therefore abandoned, and Reid's manipulation was tried carefully and without the employment of much force. On the first trial it was successful, the bone being reduced with an audible snap, as the limb was brought down in a state of abduction. The recovery was rapid and perfect, and he was discharged, cured, January 15th, 1853.

Case 3.—Charles O. Merritt, a sailor, æt. 37, of a stout, vigorous frame, was admitted to the hospital with a luxation of the femur, of twelve weeks' standing. Attempts has been made, by an excellent surgeon of this city, to reduce the bone, but without a satisfactory result. A very careful examination was given to the limb by

all the surgeons of the hospital who were present, and all agreed that the head of the femur was thrown upon the dorsum of the ilium, in the usual situation; but some doubt existed whether there might not also be an injury of the acetabulum itself. The patient being fully etherized, Reid's manipulation was tried, and, on the first trial, failed, the head seeming to remain nearly in the same position it occupied before the operation was commenced. Dr. Watson, under whose care the patient was, now made a second more careful effort, using more force in making all the movements, but being particularly careful to make forced abduction while bringing down the limb from extreme flexion to the straight position. As the limb was thus descending, slight rocking motions being at the same time employed, the reduction was suddenly accomplished, the head of the bone being felt, or heard, by a great number of persons, to slip into its socket. The limbs being laid side by side, all deformity had ceased, and all present were satisfied that the reduction was complete and perfect. The patient's knees were bandaged together in the usual manner, and he was placed in bed with rather more care than usual, but in less than an hour it seemed as if the joint had lost its natural appearance again in a slight degree, and the apparatus was tightened. By next morning, however, it was too evident that the original displacement had again occurred, and to its fullest extent. This had taken place in spite of the greatest quietude on the part of the patient, who was a very intelligent, tractable person, and fully aware of the importance of keeping the joint unmoved. The manipulations were again tried several times, but without effect. The head of the bone seemed to move about freely in all directions, but could not be brought into the acetabulum. The limb was put up in the straight apparatus which we usually employ for fractures of the thigh, and extension, by the adhesive straps, was kept up so as to keep the parts, as nearly as possible, in proper position. A good deal of stiffness and swelling of the joint followed, which, however, subsided, and he was allowed to go about on the 30th of January. He finally gained about as much use of the joint as if there had been a fracture of the cervix femoris. I am informed, by Dr. Buck, that he has since gained a very excellent use of the limb.

Case 4.—John Kelly, a laboring man, æt. 21, was admitted May 22d, 1853, having been knocked down by a horse-car, by which a luxation of the left hip had occurred into the ischiatic foramen.

The limb was shortened about one inch, toes turned inward, and the head of the bone felt in its new situation. The reduction was attempted by the mode described above, the man being fully relaxed by ether. The effect of the first attempt was to throw the head on to the obturator foramen, making the limb longer than the other, and producing the deformity characteristic of that dislocation. From this point, by a slight alteration of the movement, the head could be made to slip back to its original position. Between these two points it could be made to play backward and forward, but would not enter its socket. Dr. Post, in whose charge the patient was, then employed the usual mode of reduction, from the foramen ovale—viz., extension of the limb, combined with a lifting of the head of the bone over the edge of the acetabulum, by the help of the folded sheet passed round the upper part of the thigh. This proved successful, without resorting to the pulleys. In this case the cure was very slow, and he left the hospital with some degree of pain and swelling about the joint. I learnt that an abscess formed in or about the joint, which was opened; and when I saw him a year after, there was every appearance of seated morbus coxarius.

Case 5.—Michael Delaney, a boy æt. 8, was admitted into the house June 29th, 1853, having received very severe injuries in falling from a ladder, at the height of the third story of a house, to the ground. There was found to be a bad compound fracture of the right thigh, and simple fracture of the left. When laid upon a bed, and his clothes removed, the right thigh, which was the seat of compound fracture, was found to be in an extraordinary position. It lay obliquely across the abdomen of the boy, with the leg and foot lying up by the axilla of the left side. On examination, it was discovered that this singular position was rendered possible by the fact that the head of the femur was dislocated backward and upward on the dorsum ilii. The house surgeon, to whose care the case fell on admission, took the injured limb in his hands and very carefully carried it over the abdomen to the right side, and then abducted it and brought it down toward the straight position, thereby completing the steps of Reid's manipulation, which accident had already commenced. In doing this, the head of the bone slipped into its place, and the hip gave no further trouble. The fractures of both thighs went on favorably toward a cure, and he was discharged well, August 23d, 1853.

Case 7.—Francis Cotbunger, an Irish turner, was admitted to the New York Hospital, December 12th, 1853, with a dislocation of the right hip. The accident had occurred about four weeks previously, and had been treated in the country, as a sprain, by leeches, &c. The limb was lengthened, the toes everted, and the whole limb stood off from the body abducted, and slightly flexed, symptoms which clearly showed that the head of the bone was upon the foramen ovale. The patient being fully brought under the influence of ether, a manipulation the reverse of Reid's was employed by Dr. Halsted. The leg being bent upon the thigh, the thigh was gradually flexed upon the trunk until the knee touched the thorax. The limb was then brought down, forcibly adducted, into the straight position. By this the head of the femur was moved from the foramen ovale on to the dorsum ilii. Being in this situation, Reid's method was adopted, with the effect, however, of bringing back the head to its original position on the foramen ovale. By a repetition of the first manœuvre, it was again thrown on the dorsum, and from there, by Reid's plan, again thrown back upon the foramen. After repeated attempts, the bone was finally reduced by the pulleys from the dorsum in the usual way, this being the only instance in which the pulleys or Jarvis' adjuster have been used, since our attention has been called to the new plan. It will be noticed, however, that the limb was every time brought down in a state of forced abduction; the moderate abduction found successful in Gallaher's case, No. 6, was not tried. A good deal of swelling and pain in the joint followed these various operations. He was up and about, however, by the 5th of January, and on the 13th he was discharged, cured.

Case 14.—Patrick Barry, æt. 42, was admitted to the New York Hospital, October 23, 1854, with a dislocation of the left femur, which had occurred seven weeks previously, by a fall from a railcar while it was in motion. The symptoms were unequivocal, the limb being shortened $1\frac{3}{4}$ inches, the ball of the great toe resting on the instep of the sound foot, and the head of the bone being distinctly felt upon the dorsum of the ilium. The patient was a man of good muscular development, but the injured limb was somewhat wasted and flabby from inaction. Two days after admission he was put under the influence of ether, and Reid's manipulation was tried. The head descended as usual, until it came opposite to the lower margin of the acetabulum, but from that point, as the limb was brought down, it slipped on to the foramen ovale. The manipulation

was repeated several times, with all care, varying the degree of abduction on the various trials, but without success. It was impossible to make the head rise over the lower border of the acetabulum so as to slip into its place. After numerous thorough and careful trials, the manipulation was abandoned, and the pulleys ordered to be applied. Before this was done, it was thought best to place the head of the bone on the foramen ovale, and from that point to try and reduce it by the usual method recommended by Sir Astley Cooper. The head was accordingly placed on the foramen, and while the upper part of the thigh was grasped by an assistant and lifted strongly outward, I took hold of the ankle and made extension and adduction. The head seemed not to move at all under this force, and while making strong adduction a crack was heard, every thing became loose about the joint, and, on examination, it was evident that a fracture of the cervix had taken place, leaving the head in the foramen ovale. There was nothing further to be done but to put the limb up in the straight apparatus, hoping that, if we could obtain union, he would have as useful a limb as those ordinarily left by fracture of the cervix, and certainly a better limb than if the dislocation had been untouched. Thus far, November 25th, every thing has gone well, and promises union, with a shortening of about an inch. I am sorry that we must accept this case as one of failure of the new plan after what we considered a fair trial; for myself, however, I do most profoundly believe that it failed simply because we have not yet learned enough about the manipulation to adapt it to the condition of parts concerned in this particular instance. That we shall yet acquire that knowledge, I see no reasonable ground to doubt. With regard to the fracture of the cervix, we were all surprised at the slight amount of the force which was competent to produce such a mortifying accident. It adds double force to the caution given above, when speaking of the possibility of that accident, and it is not a little remarkable, that the paragraph containing that caution was written on the very morning of the day when the production of the fracture verified the necessity of the warning. Dr. Watson, in a note to me, speaks of a fact, which he says, "I have, on undoubted authority—viz., from one of the professors in the School of Medicine in Toronto, Ca.—that an accident, similar to that of Case 14, occurred in that city, while the surgeon was attempting to reduce a luxation of the hip by Reid's method." Finally, it must be observed that the new plan

is entitled to none of the blame of the fractured cervix. The accident took place after Reid's manipulation was abandoned, and while we were attempting the reduction according to the old established and classical method.

"With regard to the rationale of the process," writes Dr. Markoe, "most of those who have written on this matter are in the main points agreed. The head of a dislocated femur is retained in its new position by a mechanism which does not exist in any other joint, and which is produced by the fact of the muscles not being inserted into the head, but into the trochanter, nearly three inches from the head, and that from this point of principal muscular insertion the neck goes off at a large angle from the axis of the shaft. From this it happens that when the head of the femur is thrown out of its socket, the trochanter no longer stands out more prominent than before, but being held firmly by the muscles which are inserted into its base, is prevented from rising any more than enough to let the head out of the acetabulum, while the head and neck, slipping to the one side or the other, are found lying in such a manner that the side of the head, neck, and trochanter, are in contact with some part of the outer surface of the pelvis, varying, of course, in the different forms of luxation. This being borne in mind, it will be clear that any attempt at reduction, which merely brings the head of the bone to the acetabulum, will not succeed in making it enter that cavity, because of the lying-down position of the neck and trochanter against the side of the pelvis. We need, therefore, not only to bring the head over the socket, but at the same time to raise up the trochanter and neck, so as to allow the head to enter. Now, in the ordinary methods of reduction, this raising up of the trochanter, so as to put the neck in the proper direction for the head to enter its socket, is done first, by the action of the pulleys, and the approximation of the head to the socket is done second, by the continuation of the extension. This raising of the trochanter is, of course, opposed strongly by the muscles inserted into its base, causing the head to be pressed more and more firmly against the pelvis, and increasing the friction, and thereby causing by far the greater part of the difficulty in bringing down the head to the level of the acetabulum. It is in this, principally, and I am myself disposed to say only, that any active muscular contraction opposes the reduction of a dislocation of the hip-joint. True, the large muscles around the joint are thrown into action as

soon as extension is made; but this is an action excited by the extension, and that it is a very feeble opposing force is evinced by the facility with which these muscles give way to the force of a single unaided arm, when a fracture of the neck of the femur is concerned, in which of course, none of the friction alluded to can occur. This comparative action of the muscles, in fracture and in dislocation, is very strongly and appropriately insisted upon by Dr. Reid.

"The process by manipulation avoids this main difficulty, and, as it were, eludes the opposition of the muscles. The trochanter, being fixed by the insertion into its base of the pyriformis, the two obturators, the gemelli, and the upper part of the quadratus, acts as a fixed point, or fulcrum, upon which, by moving the limb, the head of the bone can be made to describe a circle round the fulcrum. When we remember that this fulcrum is not, strictly speaking, a fixed point, but has a certain degree of motion of its own, we can easily see how, by means of this movable fulcrum, the head of the bone can be placed, by varying the motions of the limb, on almost any point within two inches around the acetabulum, and of course, over the acetabulum itself. If this manipulation is made in such a way as not to raise the trochanter from lying against the pelvis, then, when the head comes over the acetabulum, a slight rotation, such as is given by the rocking motion employed, will sufficiently raise the trothanter to let the head slip in without provoking to opposition the trochanteric muscles, and if the movements be made in such a direction as to relax the stretched muscles, the whole may be accomplished without calling forth the slightest muscular opposition from the beginning to the end of the procedure. This principle in its application to the different forms of dislocation, presents some variations. In the dislocations on the dorsum, and on the ischiatic notch, for their mechanism is for our purpose identical, the principle has its best illustration; and if any one will take the skeleton or the dead subject, and go through the process, he will perceive that, by adduction, the tense rotators are relaxed, and that, by flexion of the thigh upon the trunk, the head is caused to pass down behind and below the acetabulum, and then, by carrying the knee out so as to abduct the limb, that the head comes toward the lower portion of the acetabulum, where its margin is least prominent. At this point, I wish it to be observed, that our mode of procedure varies a little from Dr. Reid's. He recommends, when the head is brought by abduction close to the lower edge of

the acetabulum, that, by the rocking movement already described, it be caused to slip in. This is well, and will probably answer in many cases, but it failed us so completely from the first, that we were led to add the bringing down of the thigh to the straight position in a state of abduction, still keeping up the rocking motion, and it has been uniformly in the act of thus bringing down the limb that the reduction has been accomplished. On looking at the parts in the dead subject, it will be seen that this movement of the limb, when the head has reached the lower margin of the acetabulum, tends directly to roll the head upwards over the edge and into the socket. The mechanism of the reduction from the foramen ovale has already been alluded to. I do not know of any case of reduction from the pubes."

In conclusion, we have to thank Dr. Markoe, on the part of English surgeons, for having so ably brought this important operative process before the attention of the profession.

ART. III.—*An Essay on the action of Medicines in the System.* By FREDERICK W. HEADLAND, M.B., B.A., F.L.S. Second Edition, enlarged and revised. (8vo, Churchill, 1855, pp. 394.)

This work, of which the present is the second edition, is the Prize Essay to which the Medical Society of London awarded the Fothergillian Gold Medal, for 1852. It discusses the mode in which therapeutic agents, introduced into the stomach, produce their peculiar effects upon the animal economy; and this it does in a series of propositions which will be best stated in the author's own words:

"In the *first proposition* it is affirmed that a medicine must (as a general rule) obtain entry into the fluids of the body—pass, that is, from the intestinal canal into the system at large—before its action can begin. There are four proofs of this. It is shown that when introduced at another part of the body, a medicine acts in the same way as when placed in the stomach. It is found by a direct experiment, that a poison will not act through the medium of nerves only, but that its passage in the blood is required. Thirdly, the course of the circulation is quick enough for the most rapid poison or medicine to pass quite round the body from the veins of the stomach before it begins to operate. The last and most conclusive argument to show that medicines pass out of the stomach into the system, is that they

have actually been detected by chemists, not only in the blood, but in the secretions formed from the blood. Remedies, then, pass from the stomach into the blood and fluids. How do they do so?

"In the *second proposition* it is laid down that all those which are soluble in water, or in the secretions of the stomach or intestines, pass through the coats of these organs into the interior of the capillary veins which surround them. It has already been shown that most medicines pass through in some way; we shall now have to learn how they pass, and what special arrangements are made for the passage of substances differing in nature. By the physical process of absorption, a liquid may pass through the animal membranes, from the interior of the stomach or intestine, to the interior of the small vein which lies close outside of it. In examining the laws by which this process is conducted, we shall find that all the requirements are present in these parts, provided only that the substance to be absorbed shall be first in some way dissolved, and reduced to the liquid state. In the stomach there is, in contact with the substance just introduced, a thin watery secretion, containing acid, and a matter called pepsin: this is the gastric juice. A large number of medicines are soluble in water. They are dissolved in this fluid. Some others are soluble in dilute acid. These too are dissolved here. Albumen, and matters like it, are reduced to solution by the aid of the pepsin, which is the principle of digestion. But there are some few mineral bodies, and many vegetable substances, as fats and resins, which cannot be thus dissolved by the juice of the stomach. They are soluble, more or less, in a weak alkaline fluid; and such a fluid is the bile, which is poured out into the first portion of the intestine. They too are reduced to solution and absorbed. In this manner it is shown that a very great majority of remedial agents are capable of being reduced to solution, of being absorbed without material change, and of passing thus into the circulation.* Very few are quite insoluble; but some that are dissolved with difficulty may be left partly undissolved in the intestinal canal. What becomes of these?

* There is no doubt that the small veins which ramify outside the coats of the stomach and intestines are capable of taking up any matters in a state of proper solution, even fats when dissolved in alkali. But are medicines ever taken up by the lacteal absorbents? Probably seldom or never; for it seems that these vessels are only engaged after a full meal, and subsequent to the regular formation of chyle. They do not exist in the coat of the stomach, but commence in the small intestine at some distance from the pylorus.

It is asserted in the *third proposition* that substances which are thus insoluble cannot pass into the circulation. Arguing from a physical law, we should say at once that it was impossible; but the matter cannot be so lightly dismissed, for a foreign professor has lately asserted that insoluble matters may and do pass into the circulation. I have made experiments to satisfy myself on the point, and have come to the contrary conclusion.

"In the *fourth proposition* it is stated that some few substances may act locally, by iraitation or otherwise, on the mucous surface of the stomach or intestines. These are not many; they act without being absorbed; and they do not extend into the system at large. In some few cases, these local actions may be succeeded by changes in distant parts, on the principle of *revulsion*.

"Having just shown how medicinal substances are absorbed, we have now to suppose that they are in the blood.

"It is next maintained, in the *fifth proposition*, that the medicine, being in the blood, must permeate the mass of the circulation as far as to reach the part on which it tends to act. This it can easily do. The circulating blood will conduct it anywhere in a very short time. Supposing a medicine has to act on the liver, or on the brain, or on the kidney, it does not influence these organs at a distance, but it passes directly to them in the blood, and then its operation is manifested. This may be called the rule of *local access*. Its proof depends on two things: on the improbability of the medicinal influence being able to reach the part in any other way, as shown in the first proposition; and on the fact of medicinal agents having been actually detected, in many cases, in the very organs over which they exert a special influence. But are there any exceptions to this? Can a medicine ever produce an effect without actually reaching the part? It seems that there may be two exceptions. In some cases, an impression of *pain* may be transmitted along a nerve from one part to another; and in some other few instances, a muscle, when caused to contract by the influence of a medicine, may cause other muscles near it to contract by sympathy.

"Before we inquire into the remedial action of the medicine in the blood, we must consider whether that fluid may not first alter it in some way, so as to hinder or affect its operation. To a certain extent this is possible.

"In the *sixth proposition* it is asserted that while in the blood the medicine may undergo change, which change may or may not affect

its influence. It will have to be shown that this change may be one of *combination*, as of an acid with an alkali; or of *reconstruction*, when the elements of a body are arranged in a different way, without a material change in its medical properties, as when benzoic is changed into hippuric acid; or of *decomposition*, when a substance is altogether altered or destroyed, as when the vegetable acids are oxidized into carbonic acid.

"Having considered these preliminary matters, we shall arrive at the main point. The medicines are now in the blood. We must consider what becomes of them; what they do next; where they go next; and how they operate in the cure of diseases. I have made a classification in which medicines are divided according to my views of their mode of operation. The classes and their sub-divisions will serve for references in illustration of what I have to say. For it is not possible to speak of the general operation of medicines without adducing particular instances; nor will time and space always allow me, in doing so, to refer to individual medicines.

"There are four great groups of medicines, the action of each of which is well marked and distinct. The first class acts on the blood; and as a large number of diseases depend on a fault in that fluid, we may by their means be enabled to remedy that fault. They are the most important of all medicines. They are called Hæmatics, or blood-medicines. They are used chiefly in chronic and constitutional disorders. But a second class of remedies are temporary in their action. They influence the nervous system, exciting it, depressing it, or otherwise altering its tone. They are chiefly useful in the temporary emergencies of acute disorders. They can seldom effect a permanent cure, unless when the contingency in which they are administered is also of a temporary nature. They are called Neurotics, or nerve-medicines. A third set of medicines, less extensive and less important than the others, acts upon muscular fibre, which is caused by them to contract. Involuntary muscular fibre exists in the coats of small bloodvessels, and in the ducts of glands. Thus astringents, as these agents are called, are able, by contracting muscular fibre, and thus diminishing the calibre of these canals, to arrest hemmorrhage in one case (when a small vessel is ruptured), and to prevent the outpouring of a secretion in another case.

"The fourth class is of considerable importance. Some medicines have the power of increasing the secretions which are formed from the blood by various glands at different parts of the body. By

their aid we may be enabled to eliminate from the blood a morbid material through the glands; or we may do great good by restoring a secretion when unnaturally suppressed. They are called Eliminatives. Like Hæmatics, their influence is more or less permanent. That of Neurotics and Astringents, particularly the former, is transient.

"The general mode of action of these four classes of therapeutic agents is laid down in the four remaining propositions, about as far as it seems to me to be capable of a positive definition. Each proposition concerns one of these classes of medicines. All I can now do is to recapitulate the chief affirmations made; as to give any idea of their proof would require me to enter into a number of details which had better be postponed to the third chapter.

"In the *seventh proposition* it is stated of Hæmatic medicines that they act while in the blood, over which fluid they exert an influence; and that their effect, whatever it be, is of a more or less permanent character. A line of distinction is drawn between two divisions of this class of blood-medicines. Some of them are natural to the blood; they resemble or coincide with certain substances that exist in that fluid; so that, having entered it, they may remain there, and are not necessarily excreted again. These are useful when the blood is wanting in one or more of its natural constituents. This want causes a disease, and may be supplied by the medicine, which in this way tends to cure the disease. Medicines of this division are called Restoratives; for they *restore* what is wanting.

"Some other blood-medicines, although they enter the blood, are not natural constituents of the vital fluid, and cannot remain there, for they are noxious and foreign to it. They must, sooner or later, be excreted from it by the glands. They are of use when disease depends on the presence and working in the blood of some morbid material or agency, which material or action they tend to counteract or destroy. They may be called *vital antidotes;* not strictly *specifics*, for they are not always efficacious, on account of variations in the animal poisons, or from the casual operation of disturbing causes. They are applicable in those many disorders which depend, not on the absence of a natural substance, but on the presence of an unnatural agent in the blood. These medicines are called Catalytics, from a Greek word which signifies *to break up* or *to destroy*. Having performed this their function, they then pass out of the blood.

"All this requires to be proved.

"In the *eighth proposition* it is stated of Neurotics, or nerve-medicines, that they act by passing out of the blood to the nerves, which they influence. This is only to insist on the rule of *local access*, already laid down in prop. 5. It is further affirmed that they are transitory in action. They appear to effect molecular changes in nerve-fibre, similar to those by which the phenomena of the senses are produced, and which are by nature transitory in their results. And yet they may be very powerful, even so as to extinguish vital force. Thus, short and unenduring as is the operation of these agents, it may last long enough to cause death, and so a temporary influence produce a permanent result. There are three divisions of Neurotics. The first set are of use when there is dangerous defficiency of vital action. These are stimulants. They exalt nervous force, either of the whole nervous system, or only of a part of it. They vary very much in power. A second set, called Narcotics, first exalt nervous force, and then depress it. They have thus a double action; but they have also a peculiar influence over the functions of the brain, which is different from any possessed by other nerve-medicines. They control the intellectual part of the brain, as distinguished from its organic function; the powers of *mind* more than those of *life*. Some narcotics tend to produce inebriation: others, sleep; others, again, delirium. In the third place, some neurotics tend simply and primarily to depress nervous force. They may act on the whole nervous system, or on a part of it only. They are often very powerful; and they are of use when, from any cause, some part of the nervous system is over-excited. They are called Sedatives. Like other neurotics, they are used in medicine as temporary agents in temporary emergencies. If a permanent action be required, the remedy must be constantly administered, so that the effect may be kept up by continual repetition.

"In the *ninth proposition* it is affirmed of astringent medicines that they act by passing out of the blood to muscular fibre, which by their contact, they excite to contraction. They do not so much influence the voluntary fibre of the muscles, which is under the direct control of the nervous system; but they chiefly manifest their action on the involuntary or unstriped muscular fibre, which is not directly controlled by the brain and nerve centres, and for this reason more under the operation of external or irritating agents. Meeting this in the coats of the capillary vessels and of the ducts of glands, they are enabled to act as styptics, and as checkers of secretion. The action of astringents appears to depend on a chemical

cause; for we find that all of them possess the power of coagulating albumen.

"The *tenth proposition* treats of Eliminatives. It is not said simply that these increase the secretions of a gland or that they stimulate the glands while passing by them in the blood. But it is laid down as a rule that they act by themselves passing out of the blood through the glands, and that while so doing they excite them to the performance of their natural function. They are substances which are unnatural to the blood, and must therefore pass out of it. In so doing they tend to pass by some glands rather than by the others: in these secretions they may be detected chemically; and it is on these glands that they have an especial influence. Their uses in treatment are various and manifold."

After discussing these several propositions, the author concludes by treating of some of the more important medicines separately.

In reading through the volume, there are many places which we had marked for reference, but we have thought it better to give the preceding sketch of the objects and arguments of the book, and leave our readers to form their own impressions. As to our own impressions, suffice it to say, that they have been of a mixed character, in which feelings of satisfaction have undoubtedly predominated. We cannot go with the author in some directions, but we are willingly led by him in others. We have gained from him much light and information respecting several intricate questions, and among them we would particularize two — the action of quinine and that of saline purgatives.

Arguing from the strong resemblance which M. Liebig has shown to exist between the *taurine* of the bile and quinine, Dr. Headland suggests that quinine (and other simple bitters) may act beneficially by taking the place of taurine, and he supports this view by pointing out that the biliary secretion is deficient or deranged in the cases in which quinine is unequivocally beneficial.

"It is ascertained that many, if not all, of the diseases in which quina and its kindred medicines are found to be of use, are connected with a derangement of the secretory functions of the liver. One of these diseases is the debility which is consequent upon typhoid and other fevers. In these fevers the function of the liver is always more or less interfered with, though more obviously in some cases than in others. In strumous habits, in which generally bark is of signal service, and was very strongly recommended by

Cullen, Fordyce, and others, — there is very commonly a peculiar degeneration of the liver, which has been ably described by Dr. G. Budd. This state is distinct from the fatty enlargement common in phthisis, in the early stage of which disease quinine is also very serviceable.

"Quinine if often beneficial in gout, in which the liver is always more or less deranged.

"Turning to periodic diseases, we find that impaired hepatic functions are the rule, and the absence of such disorder the exception. This will be at once admited in the case of dysentery, and of the remittent and yellow fevers of the tropics. It is also true of ague. It seems even likely that the enlarged spleen may be partly caused by an obstruction to the circulation in the liver. This affection of the spleen is not uncommon in other liver diseases.

"In typhus fever both the spleen is disorganized and the liver deranged. It is observed in tropical countries that severe forms of remittent not unfrequently pass into continued fever, which seems to point to some analogy between the two. Ague even may pass into typhoid fever. And I have already referred to the fact that quina has of late been strongly recommended in the treatment of continued fevers in general.

"Dr. Watson states that in New Zealand the biliary functions suffer so much in the intermittent which occurs there, that it is known among the inhabitants by the name of the 'Gall-fever.' ('Lectures on the practice of Medicine,' vol. i. p. 793.)

"Asiatic cholera is considered by many physicians to be a kind of terrible intermittent which seldom lasts beyond the second or cold stage. The secretion of bile is completely arrested during the continuance of the rice-water purging. Quina has been tried in cholera, and the beneficial results have been sufficiently marked to encourage us to give it a more extensive trial in the event of another visitation.

"Let us now place in conjunction with these facts, the similarity which has been pointed out between the bitter vegetable principles, and one of the chief constituents of the re-absorbed bile. Quina and others resemble in many points a certain principle in the bile; they tend to cure certain diseases; and these diseases depend on deranged hepatic functions. Does not this suggest the possibility that they may be of service by actually forming the above principle, or by supplying its place in the blood? It is possible that such bodies

as quina and cinchonia may be able to fulfill the functions of bile in the blood by remaining as they are, without even changing at all.

"It is just possible that the presence in the blood of the bile-product, the supply of which has been cut off by the hepatic disease, might have prevented the continual action of the ague-poison.

"There is another fact which gives additional probability to such an idea. Another remedy of a different kind has been used in all the diseases in which quina is admissible, proving in some cases superior, and in other instances second only to it in its beneficial action. This is mercury; used in remittent and yellow fevers; of the first importance in dysentery: employed by Dr. Baillie in ague, and pronounced by him to be in some cases superior even to quina. In small doses it is frequently of use in cases of debility and scrofula. And mercury is a cholagogue; *i. e.*, an agent which is known to have the effect of promoting the secretory function of the liver. Thus we may conceive that mercury, not given in excess, or to salivation, may operate in a different way to produce the same end as quina. One explanation will suffice for both.

"If this connection between tonics and the bile were actually established, then we should be enabled to explain a matter which would otherwise seem difficult to understand; how it is that small doses of mercury may sometimes act as tonics, though we know that the ultimate action of this medicine, like that of other catalytics, is to deteriorate the blood. Even in scrofulous and enfeebled cases, small doses of blue pill or of calomel are often signally useful; and not prejudicial, as is sometimes stated by those who confound their application with that of mercury given in salivating doses. Under such a course, when judiciously enforced, we may see the dilated pupil contract to its normal size, and the pale enervated countenance become rosy and lively, and feel the weak compressible pulse to become hard and firm. Perhaps mercury in such a case may be indirectly tonic, by restoring to the blood the natural tonic principle of the bile.

The remarks upon the action of the saline purgatives are very important, and they have the special merit of being founded upon some cleverly contrived original experiments. They altogether explode the idea that purgation from this cause is a simple question of exosmose of the serous parts of the blood through the intestinal walls to a fluid of greater density contained within the intestines. The experiments, indeed, seem to be quite conclusive as to the primary absorption and subsequent excretion of the purgative dose.

"If it be true," writes Dr. Headland, "that sulphate of magnesia, when given as a purgative, is first absorbed and afterward again excreted into the cavity of the bowels, then, if we could examine the alimentary canal which had received the salt, we should find at a certain period after the reception of the latter, that it had more or less completely disappeared by the process of absorption; and at a certain later period, we should discover the same salt abundantly present in the cavity of the bowels, because now undergoing excretion from the blood. It is obviously impossible to make these observations on the same animal. The next best thing is to make use of animals in the same condition, and, as nearly as can be judged, of similar vital powers.

"I therefore chose three dogs, all in a state of health, and of the same size and condition. I administered to each of them, at the same time, a solution consisting of three drachms of sulphate of magnesia, dissolved in three ounces of water (having the specific gravity 1.066). It had been previously ascertained that this dose produced purging in another dog in about three hours. The times for killing each of the three dogs were chosen accordingly. They were not allowed to live long enough for the production of purging; neither was anything lost by vomiting, or by want of care in the administration of the solution, which was done through a syringe.

"1. The first dog was killed after three-quarters of an hour. The intestines were comparatively empty. From the stomach, bowels, and their contents, the soluble matters were extracted by repeated washing, and long maceration in water. These washings ware filtered through a cloth, and then evaporated to dryness. The residue was again treated with water, and a clear solution then obtained by filtration. It was now precipitated by phosphate of soda and solution of ammonia, the precipitate washed with solution of muriate of ammonia, the ammonio-phosphate of magnesia dried, and ignited for some time in a platinum capsule. What remained was phosphate of magnesia. It was weighed, and the magnesia calculated from it. Another simple calculation gave the amount of the crystaline sulphate to which this corresponded. The result showed that only 55.928 grains of the salt remained in the intestinal canal out of 180 grains administered.

"2. The second dog was killed after one hour and a half. The stomach and intestines were at once removed, and the latter found rather full. They were subjected to the same chemical analysis.

The result was that 77,354 grains of sulphate of magnesia were found in the intestinal canal.

"3. The third dog was killed after two hours and a half. The bowels were found much distended. (This was shortly before the time at which purging had commenced in another animal). The same process being followed, a quantity of magnesia indicating 96.985 grains of the crystalized sulphate was discovered in the stomach and bowels.

"From these experiments several things appear. The longer the time allowed after the administration of the dose, the larger the amount of salt discovered in the bowel. The shortest time left was three quarters of an hour. About 55 grains was then all that was left of the 180 grains given, the rest of which must have been absorbed, as none could have been lost in any other way. Three-quarters of an hour further being allowed to the second dog, about 22 grains more are found in his intestines, which are more filled with fæces. From which I am led to suppose, that the minimum of the salt to be found, or the maximum of absorption in these animals, must have been between these two periods, or after about one hour. For at three-quarters of an hour it is undergoing rapid absorption, and at one hour and a half it is being again excreted into the intestine. Again, after another hour, the contents of the intestines are increased, and the amount of the salt has risen to 96.98 grains. Purging would soon follow, and the excretory process, having already expelled from the circulation more than half of the sulphate which had entered it, would go on until the whole had been cast out in the same way."

We have said that we cannot go with Dr. Headland to some of his conclusions. We cannot, for instance, accept all he has to say about tannin v. gallic acid, at p. 288; for if gallic acid is a more efficacious internal remedy than tannin, we cannot see why it must be converted into a kind of quasi-tannin in order to be more efficacious. Nor can we agree to the theraputical position assigned to alcohol, and to some other remedies. Unquestionably, however, we agree with him much more than we disagree, and we shut the book with the firm conviction that Dr. Headland has done good service to the cause of true therapeutics.

ART — 4. *Catheterization of the Air-Passages.*

This controversy is assuming a formidable shape. The committee appointed by the New York Academy of Medicine, to consider the paper presented by Dr. Horace Green, some six months since, have reported. The majority report is signed by Drs. Willard, Parker, John O. Stone, J. T. Metcalf, and Isaac Wood, in full. Dr. Alex. H. Stevens sent in an individual report indorsing the majority; Dr. James Anderson assented to the majority report so far as it referred to the practicability of the operation, but thought that the therapeutical question had not received that investigation which would warrant the committee in pronouncing upon it; and, finally, Dr. B. F. Barker submits a minority report, sustaining Dr. Green, and, of course, differing widely from the majority.

Neither report has, as yet, been acted upon, and we propose to furnish our readers with a *resume* of the affair as it now stands, leaving them to form their own conclusion as to who is right or who wrong. When the matter has been decided, we may, or may not, make it a subject of criticism.

Dr. Horace Green read before the New York Academy of Medicine, at its meeting in December, 1854, a paper on "Diseases of the Air-Passages," and advocated the injection of a solution of nitrate of silver into the lungs, by means of gum elastic tubes passed down into the trachea and bronchi; furthermore asserting, that such practice was feasible in the hands of the expert surgeon, that the catheter may be at will passed into the bronchus, and that no great inconvenience resulted to the patient from the presence of this foreign body in the air-passages.

The gentlemen whom we have named, were appointed to "inquire into and examine" the proposed treatment. They report that they decided in the outset:

"1. To settle the question of the passage of the instrument into the air-passages; and

"2. To ascertain, as far as possible, the utility of injections of nitrate of silver into these passages."

Under the first head they consider the *history* of the operation, the *results of experiments*, and the *facility* with which the operation may be performed.

History. Hippocrates first recommended the operation — as he did all manner of impossible things about which he knew nothing. Dessault, Rylaud, and others, mention and approve it.

Results of Experiments. Thirty-eight patients were experimented on. In eleven cases the catheter was carried into the trachea. This fact, they considered, proved, and only proved, by the symptoms manifested by the patients, the opinion of the operator being unreliable when he trusts to his own senses and disregards the symptoms.

"The symptoms which distinguish the passage of an instrument into the trachea and œsophagus, may be thus contrasted:

TRACHEA.

1st. Suffusion of the face, rapidly increasing to turgescence and lividity.

2d. Great anxiety and alarm, not easily pacified.

3d. Eyes wild, staring, and overflowing with tears.

4th. Cough violent and spasmodic.

5th. Respiration greatly disturbed; inspiration loud, hoarse, and stridulous; expiration attended with violent cough, like that of laryngeal phthisis, ejection of bronchial mucous through the tube, and finally free breathing through the tube.

6th. Voice extinguished; a hoarse whisper interpreted with difficulty.

7th. Retching slight."

ŒSOPHAGUS.

1st. Suffusion of the face slightly, rapidly subsiding, with cessation of retching and coughing.

2d. Little anxiety; easily pacified.

3d. Eyes natural, slight suffusion from tears.

4th. Little or no cough.

5th. Respiration little, if at all disturbed.

6th. Voice distinct; often quite natural.

7th. Retching and vomiting, a common symptom."

These rational signs the committee regard as the surest signs of the success of the operation. In several instances where Dr. Green supposed the tube to be in the trachea, (the œsophageal signs being present,) he was found to be in error, as was proven by the vomiting of contents of the stomach through the tube. The committee, therefore, assume that the tube was never in the trachea, except in those cases where the tracheal sign was present.

As to the *facility* of the operation we cut a condensed report from the N. Y. Medical Times, premising that Dr. Green had insisted upon the previous preparation of the patient as a condition of success:

"The facility of the operation does not depend upon the previous preparation of the patient, as insisted upon by Dr. Green; for, with the exception of Mesmore, patients who had frequent applications of the caustic to the fauces for six months, were equally intolerant as the new patients.

"Much depends upon the character and form of the instruments. With a tube curved by a stylet to a form corresponding to a circle of six inches in diameter, in thirteen cases, five failed, or thirty-eight per cent. of failure, which proves that the trachea may be entered with a very considerable certainty.

"With a tube with a small curve, such as used by Dr. Green, in thirty-eight cases, thirty-five failed, or ninety-two per cent. of failure. With the sponge probang, in eighteen cases, there were eighteen failures, or 100 per cent. of failure.

"The conclusion is, that the sponge probang, or slightly curved tube, cannot be made to enter the trachea; but, if largely curved, it can; that local application within the trachea is difficult, and rarely successful; and whether an instrument may be passed at will into the right or left bronchi, the committee leave to the academy to decide from these facts.

"The committee considered themselves excused from entering into the therapeutical value of the application, as proposed, on the grounds that they did not think it advisable to discuss a mere theoretical question. A post mortem of a consumptive is given, where death followed in twenty-six hours after the operation."

The statement that the "committee considered themselves excused from entering into the therapeutical value of the operation," is an error on the part of the Times, the remark on which it is based being confined in the report to the practicability of injecting *tubercular cavities.*

The evidence before the committee on this department of their investigation was, however, very slender. They confine themselves to the mention of two cases which did not come under their observation at any time after the injection, and to a detailed history of the fatal case mentioned. This case occurred at Bellevue Hospital, and the death was unmistakably the result of the operation. The committee conclude:

"That in the great majority of instances where injections are supposed to have been thrown into the lung, through a tube, they have passed directly into the stomach.

"That as regards the utility of injections of nitrate of silver into the lungs, the facts thus far developed, in the experiments of your committee, lead them to regard the operation as one fraught with danger, as well as difficulty."

—— Thus much for the majority report. The minority report was made by our friend Prof. B. F. Barker, and we shall pursue the same plan with it that we have done with the majority document, except that we shall confine our abstract to points raised in our synopsis of Prof. Williard Parker's statement. We do this for the sake of brevity and fairness, believing that we have stated the leading issues.

History. Dr. Barker gives an elaborate sketch of the history of the operation, much more complete in details than the other.

Results of Experiments. Dr. Barker denies that the rational signs relied on by the committee are conclusive as to the location of the tube. He quotes many instances from various writers where the suffocative symptoms were not experienced, and claims that the larynx having been previously "educated" by the application of the nitrate of silver to the fauces and the parts about the larynx, such symptoms will not occur. He asserts, therefore, "*that the absence of the 'rational signs,' as given by the committee, is no evidence that the tube is not in the trachea, and that when the committee have decided on these grounds, that an experiment was unsuccessful, their decision was wholly unreliable.*"

Facility of the Operation. Dr. Barker claims that in order to give a fair trial to it, the operation should be performed after Dr. Green's method, and not without the preparation he claims to be necessary, or by an instrument of different form. On this ground he would throw out the cases at Bellevue Hospital, as they had not been properly prepared, and as according to the statement of the majority, they were frightened and uncontrollable. By some different method of calculation, Dr. Barker throws out a part of the cases as reckoned by the majority, and says that "Twenty-two patients were subjected to the experiment with the tube. * * * The experiments failed in nine patients, were successful in nine, and the results were doubtful in four," making fifty per cent. of success where the results were decided. Of the remainder of the thirty-eight cases, a part are set aside, for various reasons, until only ten are left, of which three were unsuccessful, three successful, and four doubtful, thus maintaining the average of success. Recurring to

the reasons which induced him to reject the standard of success (suffocating symptoms) assumed by the majority, he claims a probability that these doubtful cases were really successful.

Relative to the sponge probang, Dr. Barker gives the measurement of the chordæ vocales, recapitulates the frequent instances in which large bodies have entered the trachea, refers to the opinions of many physicians, and finally assumes that it did not come within the province of the committee.

Therapeutic value. Dr. B. says that the committee reported upon the limited experience to be derived from these cases, while an abundant field of observation was open for them at Dr. Green's office. Relative to the fatal case, he says that Dr. Green neither advised, suggested, or performed the injection.

Here we leave the facts with our readers, with a promise to keep them posted as to the decision of the academy.—*Buff. Med. Jour.*

ART. V.—*On the radical Cure of Hernia by Injections of Iodine.*

M. Jobert lately presented to the Academy of Medicine three cases of inguinal hernia in which this new mode of treatment had been productive of the best results.

The first case was that of a young man 18 years old, with complete inguinal hernia of the left side, which, though it did not interfere with his ordinary avocations, rendered him ineligible for the military service. The tumor did not descend to the bottom of the scrotum, and it was separated from the testis by a constricting band. It was easily reducible by taxis, but reappeared on the patient coughing or assuming the erect posture.

At the patient's request, M. Jobert performed the following operation on the 12th May. An incision 2 centim. in length having been made over the inguinal canal, a fine trocar was introduced into the sac, through which 5 grammes of pure tincture of iodine were injected. The wound was then closed by means of twisted sutures, and dressed with simple ointment. The patient suffered almost no pain. In the evening there was slight tumefaction and pain of the inguinal region, but no fever or constitutional disturbance.

May 14. The swelling and redness were considerable. The sutures were removed, and the wound was found imperfectly healed.

In a few days the external wound cicatrised, and the swelling and redness disappeared. The left testicle was not atrophied. On 5th June the patient was able to go about, and to cough without the least inconvenience or reappearance of the tumor. As a precautionary measure, he continued to wear a suspensory bandage for some time.

The second case was that of a patient, æt. 34, who entered the Hôtel Dieu, Nov. 16, 1853, having not only a congenital inguinal hernia, but also a hydrocele on the same side. These were separated from each other by an annular constriction of the tunica vaginalis, which contained the protruded bowel above, and the testicle and spermic cord below. M. Jobert resolved to obliterate the tunica vaginalis, for the purpose of curing both the hydrocele and the hernia at the same time. He accordingly passed a trocar obliquely into the lower portion of the constricted sac, and evacuated the serosity therein contained; and then, having previously made pressure with the finger over the inguinal canal, to prevent the possibility of there being any communication between the tunica vaginalis and the peritoneum, he injected some tincture of iodine into the tunica vaginalis and the hernial sac. The external wound was finally closed by adhesive plaster. Next day the scrotum was reddened, somewhat tender to touch, and distended with fluid effused from the tunica vaginalis; but there was no pain or constitutional disturbance. On the 5th December, the swelling, which had been gradually subsiding, had nearly disappeared; and on the 12th the scrotum had regained its normal size. The scrotum and the spermatic cord on the affected side were firmer than before, and a cylindrical cord extended along the whole of the inguinal canal, as well as along the spermatic vessels down to the testicle. The patient was completely cured, and he left the hospital able to walk easily and without fatigue, and without any reappearance of the hernial tumour.

The third case occurred in a young man, aged 27, who had had a large oblique inguinal hernia of the left side, for eight years, for which he had worn all sorts of trusses without benefit. At the desire of the patient, and after a consultation with his colleagues, MM. Rayer, Begin and Cloquet, M. Jobert punctured the hernial sac, and injected the tincture of iodine into the tunica vaginalis. The patient was laid in the horizontal posture after the operation; his legs were flexed on his thighs, and maintained in this position by means of a bolster. The hernial sac swelled immediately after the

injection, and in fifteen hours it was as large as the hernial tumor, and had a fluctuating, half-solid feeling. The parts continued thus for eight days, and then the swelling speedily diminished. On the twenty-eighth day after the operation the cure was complete; the track of the spermatic cord was occupied by a hard and compact cylindrical substance, which completely prevented any return of the hernial protrusion, and allowed the patient to go about without any recurrence of his malady. Four months had elapsed at the time when M. Jobert related his case, and the cure was still as complete as at first; the inguinal canal was filled with a hard, solid cord, and there was no atrophy of the testicle.

Remarks.—When the sac is adherent to the surrounding parts—when the hernia is congenital—when the sac is distended with fluid, or is thickened or cartilaginous—M. Jobert recommends puncturing the sac at once with a trocar, without previously making an incision. The trocar is to be inserted perpendicularly at first, then obliquely upwards, and, when it has reached a certain depth, it is to be directed cautiously backwards so as to puncture the sac—the accomplishment of which process is known by the operator no longer meeting with resistance, and by his feeling the canula move about without obstruction in the empty sac. Having entered the sac, the pure tincture of iodine should be injected into it by means of a glass syringe—whereby we may be able to know how much fluid has been used. M. Jobert ordinarily injects one or two spoonsful (*cuillerées*) of the tincture, but often much less. The quantity injected should always be in proportion to the size of the serous pouch. The injection should be suspended whenever we feel an obstacle to the entrance of the liquid. Instead of allowing the fluid to escape through the canula, M. Jobert withdraws it by means of the suction of the syringe.

When the sac is thin, moveable, and easily displaced, Jobert exposes it by dividing the parts with a bistoury, and *thereafter* punctures it with the trocar—*never with the knife.* In such cases he unites the lips of the external wound by means of twisted sutures.

What occurs after the operation? Immediately after the injected fluid is withdrawn, a new liquid begins to be thrown out within the hernial sac. After twenty-four or forty-eight hours have elapsed, the sac is filled with this fluid; it continues in this state for eight days, and after the first week it begins to diminish gradually and visibly in bulk. In proportion as the tumor diminishes, it begins to

acquire solidity, and becomes as firm as wood; nay, it eventually becomes as hard as bone or ivory.

M. Jobert affirms that this method by injection is superior to all the other operative procedures which have yet been devised for the radical cure of hernia, inasmuch as it is at once simple and harmless. M. Jobert, in conclusion, acknowledges that this operation is not invented, but merely revived by him; inasmuch as M. Velpeau, in his Annales de Chirurgie, published ten years ago, first suggested the likelihood of injections of iodine proving beneficial for the radical cure of reducible hernia.—*Gazette des Hôpitaux.—Monthly Journal of Med., Dec.* 1854, *p.* 555.

On Strangulated Hernia.—Mr. Stanley's long experience has taught him the danger of too much handling or manipulating of hernia when incarcerated or strangulated. Indeed, in seven out of ten of the cases sent to the hospital, he is inclined to think one will find omentum, not intestine, as the chief constituent of the tumor, which it is impossible to get back by the rough usage adopted.

In fact, from what Mr. Stanley sees every year, he finds it necessary every season to caution his class against this great error of routine practice, and has adopted the wise maxim of Desault—"think favorably of every hernia if the taxis has not been tried." Mr. Stanly advises to make one fair trial of the taxis when first called in; the little round swelling of femoral hernia is always discoverable in front of the pectinalis muscle. We should relax Poupart's ligament by having the thigh turned up and knee inwards—ten to fifteen minutes will be enough; if pain is present, not even so long. He next recommends a trial of the taxis in a warm bath, and we have seen at St. Thomas' Hospital, in place of this, the topical application of ice. If either of these fail, he now recommends the *dernier resort*, chloroform and the knife—one careful trial, but the last, under the anæsthetic, before cutting down. If the parts are gangrenous, he lays much stress on the necessity of disturbing them as little as possible, so as to prevent the contents of the sac getting into the peritoneum.—*Lancet, Feb.* 17, 1855, *p.* 185.

Hernia treated by the Topical Application of Ice.—We were particularly struck by some observations lately made by Mr. Clark at St. Thomas' Hospital. He sees some reason to doubt the opinion of Sir Astley Cooper, so generally followed, that the inguinal canal is endowed with muscular contraction, which, under the influence of

the abdominal muscles, of course, would close or open it. But Mr. Clark agrees, we believe, rather with Scarpa, Pott, Cloquet, &c., that the canal is altogether passive; the chief obstacle to the return of the hernia being its great size. Mr. Clark believes even that tobacco, chloroform, tartar emetic, the warm bath, &c., are not so effectual in reducing an inguinal hernia as the dimunition of its size induced by local application of ice, and that the operations on hernia at St. Thomas' Hospital will bear him out in this conclusion, that such medicines and appliances too often protract the cure of the case, or do not act except in a passive or negative form. The topical application of ice, on the other hand, corrugates the tumor, and makes its volume obviously smaller. Mr. Clark seems, curiously enough, an advocate also for opening the sac in femoral and inguinal hernia. He believes, as we have heard him say, that not opening the sac in strangulated hernia is founded on a false idea or analogy—viz: that we can irritate a membrane *more*, already perhaps irritated as much as it will bear. He does not think an unhealthy hernial sac is at all the same as a *healthy* peritoneal membrane, which he should not, of course, wish to wound; and we should never run the risk, he says, of not examining the hernia fully. The question is obviously one of very great practical everyday clinical importance. The opinions of all our various hospital surgeons, however, are not in accordance with those in vogue at St. Thomas'. As far as we can learn, Sir Astley Cooper recommended the use of ice and cold applications to hernia. It was tried in his time chiefly in conjunction with tobacco enemata, the anæsthetic influence of chloroform or ice at that time not being understood. Since then, during the last half dozen years, the use of ice, as a local agent, as an anæsthetic, has given it an importance not at first perhaps suspected. Sir Astley Cooper pounded the ice into rough powder, and placed it in a bladder over the hernia. When ice was not procurable, he mixed equal parts of nitre and sal ammoniac, ten ounces of such salts being added to a pint of water. "If, after four hours," he says, "the symptoms of strangulation become mitigated and the tumor lessens, this remedy may be persevered in for some time longer; but if they continue with unabated violence, and the tumor resists every attempt at reduction, no further trial should be made." This seems a very long time; and a caution is added, not to freeze the scrotum and bring on sloughing.—*Lancet, March* 3, 1855 *p.* 238.

ART. 6. — *On the Treatment of the more common forms of Skin Diseases.* By Dr. J. H. BENNETT, Professor of Medicine in the University of Edinburg.

Eczema is by far the most common disease met with, both in its acute and chronic forms. The local treatment I have found most efficacious, is that which I recommended in the August number of the Journal for 1849. It consists in keeping the affected part moist, with lint or linen saturated in a very weak alkaline solution, consisting of soda subcarb. 3 ss. to a pint of water. For this purpose it is necessary to cover the moistened lint with oil silk, or gutta percha sheeting, which should well overlap the lint below, so as to prevent evaporation. The usual effect is soon to remove all local irritation, and especially the itching or smarting so distressing to the patient; to keep the surface clean, and prevent the accumulation of those scabs and crusts, which in themselves often tend to keep up the disease. After a time, even the indurated parts begin to soften, the margins of the eruption lose their fiery red color, and merge into that of the healthy skin, and, finally, the whole surface assumes its natural character.

Herpes. — This disease generally runs its course in about fourteen days, and requires no treatment whatever, further than an acetate of lead lotion to allay the smarting. It is not very common.

Scabies occurs very frequently, and is cured by a host of remedies. A strong lather, of common soft soap and warm water, twice a day answers very well. The question with scabies, is not what remedy is useful, but which will cure it in the shortest period. The most extensive experience at St. Louis has shown, that the sulphur and alkaline, or Helmerinch's ointment cures itch, on an average, in seven days. That sulphur, however, is not the active remedy, I have satisfied myself of by experiment. Soft soap, as we have seen, which contains alkali, and even simple lard, if pains be taken to keep the parts constantly covered with it, will cure the disease as soon as sulphur ointment. I have tried the Staves-acre ointment, recommended by M. Bourguignon, in only a few cases, but found it to answer very well. Its superiority, however, over other applications, I am not as yet prepared to admit.

Pemphigus. — This is rather a rare disease, and when chronic, coming out in successive crops, is very rebellious. Two cases which entered the infirmary last winter were cured in a few weeks by the weak alkaline wash, applied as in the case of eczema, combined with generous diet.

Impetigo. — This affection in all its forms is very common, and is best treated by the weak alkaline wash, exactly the same as in eczema. In the chronic forms which attack the chin of men, constituting one of the varieties of mentagra, the same treatment cures the most rebellious cases if the moisture be constantly preserved. For this purpose the hair must be cautiously cut short with sharp scissors, and the razor carefully avoided. If the side of the cheek covered with the whisker is attacked removal of the hair from thence also is essential to the treatment. A bag or covering accurately adapted to the part affected must be made of gutta percha sheeting, and tied on with strings. This may be covered with black silk, to allow the individual to go about and carry on his usual occupations. In this way I have frequently seen chronic impetigo of the chin, of from eight to ten years' standing, completely removed in a few weeks. But then the surface must be kept *constantly* moist, a circumstance requiring very great care and determination on the part of the patient. When it becomes necessary to shave, flour and warm water, or paste should be used, and not soap. Alkalies applied from time to time only, as in the form of wash or soap, always irritate, although, when employed continuously, they are soothing.

Ecthyma is not a common disease, and usually presents itself, as *E. cacheticum*, requiring in addition to the alkaline wash locally, a generous diet.

Acne is a disease always requiring constitutional rather than local remedies. Although not uncommon in private, it is rare in hospital practice. Careful regulation of the diet, abstinence from wine and stimulating articles of food, watering-places, baths, &c., &c., constitute the appropriate treatment.

Rupia. — This disease I have never seen occur but in individuals who have been subjected to the influence of mercurial poisoning. Hydriodate of potassium and tonic remedies, with careful avoidance of mecury in all its forms, is the treatment I have found most successful.

Lichen and Prurigo. — In both these affections constant inunction with lard is as beneficial as constant moisture in the eczematous and impetiginous disorders. In the prurigo of aged persons, the Ung. Hyd. Precip. Alb. is a useful application, although the disease is not unfrequently so rebellious as only to admit of palliation. The chronic papular diseases often constitute the despair of the physician.

Psoriasis, and that modification of it known as *lepra*, are very common diseases, and are uniformly treated by me externally with

pitch ointment. I have satisfied myself, by careful trials, that it is the pitch applied to the part that is the beneficial agent, as I have given pitch pills, and infusion of pitch, largely internally without benefit. With the hope of obtaining a less disagreable remedy, I have frequently tried creosote, and naptha oinment and washes, but also without benefit. Lastly, I have caused simple lard to be rubbed in for a lengthened time, but without doing the slightest good. The oil of cade is also very useful, especially in psoriasis of the scalp. Internally, I give five drops each of Fowler's solution, and of the tr. cantharidis. It is rare that the internal treatment alone produces any effect on a case of psoriasis of any standing. If a case resists this conjoined external and internal treatment, I have always found it incurable. About a year ago, I carefully treated a series of cases internally with Donovan's solution, without producing the slightest benefit.

Lupus is a constitutional disease, and must be treated by cod-liver oil, and all those remedies useful in scrofula, of which it is a local manifestation. The external treatment is surgical, consisting of the occasional application of caustics, red lotion, ointments, &c., according to the appearance of the sore.

Favus is a very common disease in Edinburgh, and is most readily removed, first, by poulticing the crusts till they fall off, and the skin presents a smooth, clean surface; secondly, by shaving the hair; and, thirdly, by keeping the scalp continually covered with oil, so as to exclude the atmosphere, and prevent the growth of the parasitic fungi, which constitutes the disease. For this purpose, a gutta percha or oil silk cap must be constantly worn. A continuance of this treatment for six weeks produces a cure in young persons if combined with cod-liver oil, generous diet, and anti-scrofulous remedies internally. I have tried the lotion of sulphurous acid, recommended by Dr. Jenner, and found it successful in a few cases, but the treatment by oil is so easy as to be far preferable to it. Very chronic cases are cured with difficulty, but so long as the oil is applied the disease never returns, and mere freedom from the disgusting crusts is a great gain.

Scalp diseases must be treated according as it depends on eczema, impetigo, psoriasis, or favus, in all cases first removing the crusts with poultices, then keeping the head shaved, and, lastly, applying alkaline washes, pitch ointment, or oil, according to the directions formerly given. Ringworm is a disease I have never seen in Edin-

burgh, and of what it consists I am ignorant. Some writers apparently consider it to be favus, and others a form of herpes. On two or three occasions I have seen a scaly disease of the scalp, in the form of a ring — that is lepra, which I have cured by pitch ointment, or oil of cade. My friend, Dr. Andrew Wood, informed me some time ago, that he banished it from the Heriot's Hospital school by condensing on the eruption the fumes of coarse brown paper, and thus causing an empyreumatic oil, or kind of tar, to fall upon the part. This has led me to suppose that it is a scaly disease, and a form of lepra or psoriasis.

So called *syphilitic diseases* of the skin are, in my opinion, the various disorders already alluded to, modified by occurring in individuals who have suffered for periods more or less long from the poisonous action of mercury. A longer time will be required for their cure, but the same remedies locally, conjoined with hydriodate of potassium, in smaller doses, with bitter infusions, tonics, and a regulated diet, offer the best chance of success.

The great difficulty in the treatment of skin diseases generally consists in their having been mismanaged in the early stages — a circumstance I attribute to their not having, until a recent period, been much studied by clinical students. Many chronic cases of eczema are continually coming under my notice, which, in their acute forms, have been treated by citrine ointment, or other irritating appplications, which invariably exasperate the disorder. I shall not easily forget the case of one gentleman, covered all over with acute eczema, who had suffered excessive torture from its having been mistaken for psoriasis, and rubbed for some time with pitch ointment. In the same way I have seen a simple herpes, which would have readily got well if left to itself, converted into an ulcerative sore, by the use of mercurial ointment. Nothing is more common than to confound chronic eczema of the scalp with favus, although the microscope furnishes us with the most exact means of diagnosis. I need scarcely say that the correct application of the remedies I have spoken of can only be secured by an accurate discrimination, in the first instance, of the diseases to which they are applicable.

The general constitutional treatment in all these cases seldom demands aperient or lowering remedies except in young and robust individuals with febrile symptoms. In the great majority of cases, cod-liver oil, good diet, and tonics are required. In a few instances,

sedatives, both locally and internally, are necessary to overcome excessive itching and irritation. These the judicious practioner will readily understand how to apply according to circumstances.—*Monthly Journal of Medicine, Jan.*, 1855, *p.* 19.

PART THIRD.

BIBLIOGRAPHICAL NOTICES AND REVIEWS.

Surgical Reports and Miscellaneous papers on Medical Subjects. By GEORGE HAYWARD, M. D., President of the Massachusetts Medical Society, late Professor of Surgery in Harvard University, &c., &c. Boston: Phillips, Sampson & Co., 1855, pp. 452. [For sale by J. H. Riley & Co., Columbus.]

This elegantly printed volume consists of a collection of papers on many important practical topics, generally surgical in their character, most of which have been printed before in various journals. A few articles and observations have been added with a view of adapting them to the present time. After stating his hope that they may be found useful to students and young practitioners, and even "occasionally consulted by those somewhat advanced in practice, whose time is too much occupied to allow an examination of more extended works on the subject of which they treat," he adds, in a sentence somewhat sadly suggestive: "At any rate the revision and arrangement for the press have enabled me to review a professional life of forty years continuance, and thus furnished an agreeable occupation at a time when I did not feel capable of much mental effort." The book, therefore, contains not merely ephemeral papers, but the opinions of an able practitioner, who has seen and thought much upon the subject of which he treats, confirmed by a long experience, and now subjected to a last (shall we say solemn!) revision, and given to the world as his deliberate judgment? Their value, therefore, is only to be estimated by the importance of the topics themselves. At these we will very briefly glance.

The first paper is a report of surgical cases and operations occurring in the Massachusetts Hospital, from May 12th, 1837, to May

12th, 1838, during which period he was the sole surgeon of that institution, from the absence of his colleague, Dr. Warren. It embraces a statement of whatever is interesting about the various diseases of 222 patients, and especially treats of erysipelas occurring in surgical cases, fractures of the lower jaw, thigh, &c., and some cases of inflammation of the hernial sac, with practical remarks of great value. Of the treatment of erysipelas he alludes to topical applications. We commend the following to the reflection of medical men, as embodying what we conceive to be the true view on this subject. The disfiguring effects of iodine, nitrate of silver paintings, on the erysipelatous patients, are hardly of more value as curative or modifying agents, than as additions to the personal attractions of the victim:

"Local bleeding is the only topical remedy that I regard of much value in the treatment of erysipelas. This opinion may excite surprise. Great confidence is placed, by some, in mercurial ointment. The nitrate of iodine, diluted alcohol, lead water, and cold lotions, while others prefer warm applications. I must confess that I have not been able to satisfy myself that any one of these has the slightest power in arresting the disease, nor much in mitigating its violence. My practice, therefore, is to use that which is most comfortable to the patient. The efficacy of local applications in erysipelas has probably been much overrated. No one places any reliance on them in measles and small-pox, because they are constitutional diseases; and does not the same reason apply with equal force to erysipelas? Local bleeding is undoubtedly in many cases useful, but this cannot be regarded as a topical remedy only."—p. 17.

The second article is a similar report for the year 1841. To this is appended a note, respecting coxalgia, and alluding to a paper of Dr. March, of Albany, N. Y., in the Transactions of the American Medical Association, Vol. VI., wherein that gentleman asserts that "spontaneous dislocation of the hip (as purely the result of morbid action unaided by superadded violence) seldom or never takes place." Dr. Hayward's original report, written thirteen years previously, had maintained, and we think successfully, the opposite hypothesis, an opinion which he says he has seen no reason to change, and which he sustains in the note commenting on Dr. March's paper.

A report of the permanent cure of reducible hernia, is an able paper. Alluding to a medical man in Boston, who had claimed to have cured this evil, but refused to make known to the committee, when politely requested to do so, his mode of operation, he adds, very justly:

"It is certainly an unusual course for a member of our profession to conceal from his brethren any method of treatment which he may regard as more valuable than those in common use, and it is clearly one which cannot be too strongly reprobated by all honorable and high-minded men."—p. 93.

The conclusions arrived at in this article embody the man.

One of the most valuable papers in the book is entitled "Statistics of the Amputations of large limbs that have been performed at the Massachusetts general hospital from its establishment to January 1, 1850," from which it appears "eighty-five had their limbs removed in consequence of disease, of whom ten died; fifty-six in consequence of injury, of whom twenty-two died—being one in eight and a half of the former, and more than one in three of the latter.

69	patients had the thigh amputated	19 died.
50	had the leg removed below the knee	10 "
11	had amputation above the elbow	1 "
11	had amputation below the elbow	2 "
141		32

The result of this analysis attests the value of the numerical method properly conducted. Although more favorable than the results of amputation in the hospitals of Paris and Philadelphia, it refutes the declaration of Mr. Benjamin Bell, made seventy years ago, that not more than one in twenty died from amputation. Yet, the proportion given above, of fatal operations, is less than that ascertained in 2000 cases occurring in civil practice in Great Britain, where it stood as one in every four, while in various parts of Europe, one death to every three, was obtained from an analysis of 5000 cases. No one will contend that the surgical art has deteriorated since Mr. Bell's time, or cast any reflection on that gentleman's truthfulness. Dr. Hayward accounts for the discrepancy in the vague impressions which usurp the place of reliable statistics. "The memory is apt to be treacherous with regard to unfavorable cases; the successful ones are usually remembered, and too often published alone." We are afraid this has a wider application than to the results of amputations. It will not do, alas! to restrict it even to surgery, for the treacherous memory invades the province of medicine also, vaunting efficacious remedies and superior treatment but sadly oblivious of those obstinate constitutions who were sadly obdurate to the benefit of the all-powerful panacea.

Dr. Hayward operated on the *first* patient who was rendered completely insensible by the use of sulphuric ether. Two articles

upon the subject of "anesthetic agents," are given, which possess a value in a historical as well as a medical point of view. Perhaps too much preference to sulphuric ether over the other anesthetics, especially chloroform, is displayed, which the author's connection with the introduction of that agent into surgical use may account for. The preference is at any rate very natural.

We must refer, briefly, to two other papers included in the collection. A valuable account of cases of vesico-vaginal fistula healed by operation, refers to nine patients—of whom one was operated on six times, another five, two twice, and five once. In three cases the operation was entirely successful; in five the patient obtained great relief, and in the remaining one no benefit was derived from it. In all these cases the operation was by ligature, after removing the edge of the fistula. This experience is larger than falls to the lot of most surgeons, and the results eminently satisfactory. Dr. Sims, who has devoted much attention to this, the most distressing accident to which females are liable, says that our author was the first who operated successfully on this continent for the remedy of this evil. To any who should meet with this accident among their patients, the perusal of this paper will be exceedingly useful; and let them bear in mind that in some cases repeated attempts are necessary to gain eventual success, and that to lessen, in the slightest degree, the sufferings of the individuals afflicted by this loathsome infirmity is well worth every exertion and repays the mortification of many failures. The other article, which we must particularize, honorable to Dr. Hayward, and the State of which he is a citizen, and especially the Medical Society, to second whose efforts it was written, first appeared in the North American Review for January, 1831, upon legalizing anatomy. It is an able vindication of the pursuit of anatomical knowledge and the claims of its votaries upon the State for protection in its pursuit. Massachusetts subsequently legalized the study of anatomy—the only State in which such studies were legal until two years since, when New York followed her steps. How long before our own and other States will further their own best interest by such an enlightened policy—how long is the acquisition of knowledge upon which the safety of life and limbs often depend, to be pursued, not only without the protection, but in defiance of the law!

Diseases of the knee-joint—diseases of a literary life—statistics of consumption—cases of those rare diseases, "paruria inops," and

hydrophobia—contagion of cholera—are among the subjects touched upon by our author. These, and in fact all the papers in the volume, are written in a plain and earnest manner and deserve a serious perusal. We would gladly extract from them, but our space forbids. We will only indulge ourselves in quoting, as a specimen of our author's style, the following passages from his last paper on the "Duties of the Medical Profession." The honorable career of the author is the best exemplification of the truths he so eloquently enforces:

"On the other hand, if we are adequately prepared, and have kept ourselves familiar with the advance which the science of medicine is daily making, we shall find our occupation agreeable and our labors light. We shall have, too, the satisfaction of feeling, let the result of a case be what it may, that we have done all that art could do, and thus escape the bitterness of self-reproach. The practice of medicine, under such circumstances, is among the most agreeable callings of life; the responsibility which at the outset is painful, daily becomes less so, till it is only enough to stimulate the practitioner to an exact performance of his duties. He will find himself, too, an object of affectionate interest to many, who feel that they owe much to his skill, and he will gradually acquire an honorable and respected name. It should not be forgotten—and the fact may have some influence with some—that it is very rare for any member of our profession to acquire, and long retain the patronage of the community without adequate preparation. He may, it is true, if not qualified, enter on his duties under such favorable auspices as to secure, for a time, an extensive business. But this will not probably continue; and at that period of life when others more competent are pursuing a successful career, he will be likely to find himself in a great measure neglected by his former patrons."—pp. 436–7.

"All of us should bear in mind that we have received, as a precious inheritance from the wise and good men who have gone before us, the stores of wisdom that they have gathered up. We may not, by our labors, increase them; we may not even profit by them as we might; but if we cannot add lustre to the name of the profession of which we are the humble votaries, let it not be our reproach that we have done any thing to tarnish it."—p. 448. R. G.

The Pathology and Treatment of Leucorrhœa. By W. Tyler Smith, M. D., Member of the Royal College of Physicians, Physician Accoucher to, and Lecturer on Obstetrics at St. Mary's Hospital, &c., &c. Philadelphia: Blanchard & Lea, 1855, 8vo. pp. 199, (For sale by J. H. Riley & Co., Columbus.)

The present work is an attempt to apply to uterine diseases attended by leucorrhœa, the results of some valuable anatomical and physio-

logical observations which Dr. Smith has been enabled to make. He thinks, and to a great extent justly we fear, that our notions about uterine pathology derive little support or light from physiology; and as this must always prove the true basis of its pathology, any effort to extend our knowledge in this direction must prove acceptable, proportionably to the reliance we can place on the physiological researches upon which it is founded.

Dr. Smith's chapters on the mucous membranes peculiar to the vagina, the os and labia uteri, and the structure and remarkable disposition of that membrane in the canal of the cervix, are exceedingly interesting. They differ very materially from the anatomical descriptions usually given. According to him the vagina and labia uteri are invested with squamous epthelium, with an acid mucous secretion, while the interior of the neck is lined with cylindrical epithelium at first, and then by ciliated cylindrical epithelium, and that its secretion is alkaline. Beneath these epithelial layers, villi, abundantly supplied with looped vessels, freely anastamosing at the base of the papillæ, are found, but less numerous at the upper part of the vagina than elsewhere. They differ in shape and size at the different locations, being more truncated in the vagina, and most numerous and longest within the canal of the neck of the womb. In this position, also, there is such an arrangement of the membrane that an enormous secreting surface is obtained by rugæ and fossæ, which, besides the numerous ones already alluded to, are studded with follicles, so that, by a very moderate computation, the organ cervix uteri must contain upwards of ten thousand. Dr. Smith very justly sums up these peculiarities in the following passage:

"Thus the entire organization and disposal of the mucous membrane, lining the canal of the cervix uteri, is such as to afford a very large extent of glandular surface for the purposes of secretion. In effect the cervix uteri is an open gland, and it performs, as will hereafter be shown, all the functions fulfilled by glands in other situations." (p. 39.)

The natural secretions from these parts differ, as we have already shown. It is to be expected that the abnormal secretions termed leucorrhœa should display analogous disparity; and so Dr. Smith conclusively shows. He admits under the name of leucorrhœa, an increased flow of the natural secretion, and two others, differing according to their source, the vagina or cervix. Their constituents are thus enumerated, varying sometimes from their degree of

severity. *Vaginal*, or Epthelial Leucorrhœa, he finds by microscopical and chemical observation to consist of

1. Acid plasma.
2. Scaly epithelium.
3. Pus corpuscles.
4. Blood corpuscles.
5. Fatty matter.

In cervical, or mucous, leucorrhœa, there are

1. Alkaline plasma.
2. Mucous corpuscles.
3. Altered cylinder epithelium.
4. Pus corpuscles.
5. Blood corpuscles.
6. Fatty particles.

Thus, under the generic name of Leucorrhœa, our author comprehends a mere hypersecretion, and a perverted secretion, both from two distinct sources. Of this arrangement we shall say more anon.

Our author gives also some researches upon the ovula Nabothi, whose relation to anatomy or pathology have not been clearly settled. By most modern pathologists they are considered as obstructed mucous folicles, by some anatomists, Robert Lee especially, described as anatomical bodies under the name of glandulæ nabothi. Dr. Smith considers neither explanation correct. He views them, however, as pathological. "As regards the ovules of nabothi it seems equally certain that under this designation several dissimilar conditions, such as specific and simple eruptions of the os uteri, cysts of vesicles, developed upon the mucous membrane, and possibly obstructed follicles, have all been grouped together." (p. 140.)

These conclusions and anatomical statements are based upon original researches by Dr. Smith himself, and reflect the highest credit upon him as a laborious and careful investigator. The microscope has been systematically used, and plates from the drawings of its revelations illustrate the text, and add not a little to the value of the work. With the exception of some previous meagre statements of Dr. Franz Killian, of Bonn, the account of the villi, and structure generally of cervix uteri, is entirely new.

The remainder of the work is devoted to the connection of leucorrhœa with the various uterine diseases. His descriptions of these latter are well written; faithful representations of what he so con-

stantly witnessed, and his suggestions for their treatment, medicinal and hygienic, are deducted from large and well considered experience. We have no hesitation in thus commending them in general to our readers.

We have thus followed our author, in his description of facts witnessed by himself, and equally capable of being verified by others, with exceeding pleasure. Whether in anatomical or pathological phenomena, he is evidently accurate and candid. We regret that our duty as a reviewer forces us to take some exceptions to the explanation of these phenomena, and their pathological relations to one another. Under one name, as we have seen, he classes two very different productions, an increased natural secretion, and a perverted secretion. This would be of little consequence, for they undoubtedly are so called in common acceptation, but for the confusion it entails, and the use it puts them to. He bases his pathological reasoning on the statement that Leucorrhœa is the essential lesion producing inflammation, ulceration, abrasion, hyhertrophy as its sequelæ. He denies that it depends on an inflammatory process. So far as it extends to the Leucorrhœa, which is merely an increased natural secretion, this may readily be granted; but this does not apply to the *perverted* secretion known by the same name, unless that *perverted* secretion is a natural and normal result of the other; and of this there is no evidence in Dr. Smith's book. Besides, this perverted secretion contains the product of inflammation pus globules in both situations, and it is more reasonable to suppose that as in the other mucous membranes in different parts of the body, the inflammatory precedes the appearance of its usual products, than that the product produces its usual cause. The causes he assigns for the production of *leucorrhœa*, plethora—debility—prolonged lactation—strenuous habits, &c., may very reasonably be invoked as a cause of a hypersecretion without inflammation being present. But we doubt whether this hypersecretion becomes a "perverted one" without other antecedent local changes, until, in fact, the more or less persistent irritation has induced inflammatory action. By the use of a single term for two distinct things, our author may still claim that leucorrhœa is not produced by inflammation, but our readers will see the sophistry of the argument. With the exception of this too apparent striving to ignore the possibility of inflammation as an explanation and cause of many pathological changes which occur in the female uterus, we commend the work most heartily as an origi-

nal and valuable addition to our anatomical knowledge, and as an excellent work upon those uterine diseases attended by increased secretion and leucorrhœal discharges. The printing and illustrations are remarkably good. R. G.

An essay to prove the contagious character of Malignant Cholera, with brief instructions for its prevention and cure. By BERNARD M. BYRNE, M. D., U. S. Army. Philadelphia. Childs & Peterson. [For sale by J. H. Riley & Co.] 1855. pp. 160.

The propositions sought to be established in order to prove the contagiousness of cholera are three, and are thus stated by Dr. Byrne:

"*First.* — That the poison of cholera is communicable from one human body to another.

"*Secondly.* — That it is extremely subtle and diffusable in its nature.

"*Thirdly.* — That in a large majority of cases, it is incapable of developing disease unless assisted by an exciting cause."—*pp.* 41.

The first of these is supported by an appeal to *general facts* drawn from the rules this mysterious disease obeys, in its *progression;* in its *continuous lines of travel;* its *irregularity* of progress; its *well known preference for those routes on which there is the greatest intercourse,* and *the irregularity of its periods of increase and decline in the different places which it visits.* The deductions from these considerations will only establish a probability, however strong it may be, but not an absolute certainty. On the *particular* facts we can gain from the introduction of cholera into previously healthy places in such manner that all other means are interdicted except human intercourse, we must depend for our direct evidence of the contagiousness of cholera. And, *one fact* of this kind, well authenticated and incapable of other solution, added to the probabilities deduced from the more general considerations we have alluded to, will form an irrefragible chain of testimony, sufficient to establish (if the same kind and amount of evidence referred to matter of litigation) proof of its existence and influence. For no negative testimony, such as that the circumstances were the same in another case, or in a thousand other cases, and the result claimed to be found in the one was not obtained in these, can exercise any influence other than to render us careful in the scrutiny of the antagonistic evidence. It certainly cannot do away with the effect of the positive testimony.

Moreover as in all contagious diseases, though the first introduction may be due to human transmission, it is also admitted that its influence, when transmitted, may be counteracted to a great extent by proper sanitary precautions, and that while certain contingencies of soil and condition exercise a great influence in its favor, causing its spread and adding to it malignity, other and opposite states seem opposed to its propagation. For the third proposition of Dr. Bryne, of the necessity that it be assissited by various exciting causes present in the locality or person into which it has been introduced, and without which it is abortive, is undoubtedly true to a great extent at least. Many of these exciting causes are within our cognizance and control, but others exist of which we are still ignorant.

The author brings forward twenty-one *particular facts* as to the introduction of cholera in various places in this country, including its first appearance in Quebec in 1832. They are all taken from the history of the disease during its devastations in 1832. We think the history of its subsequent visitations would furnish facts equally as strong, on the same side of the question.

The most careful observations of De Berg and others, as to the introduction of cholera into Sweden and Norway, its first appearance in seaports, which had communication with foreign cities in which the disease then existed, to the exclusion of those who had no such communication, but appapently under similar conditions in all other respects, add greatly to the weight of evidence collected by various contagionists.

Dr. Byrne adds chapters upon the peculiar treatment of cholera, in the main judiciously written. We concur heartily in the following sentiments, and extend its application to the habit of taking remedies when in perfect health, lest sickness should come. Equally as sensible and far more salutary the regular course of cosmeterhilation of the Pedagogue whipped his boys every morning, sometimes for transgressions which had occurred, but often in anticipation of their daily sins.

"The employment of 'nostrums' as preventives to cholera may be classed among the most mischievous of its general exciting causes. To those in health they are invariably injurious, and to such as are not, they are never beneficial unless, indeed, by the merest accident. When the system is so well balanced as to perform all its healthy functions, it is in the best condition to resist injurious agents of every kind; and any attempt to *improve* on it cannot under such circumstance fail to do mischief. It is, therefore, a great error for persons while in the enjoyment of health ever to take

medicine; especially medicine of which they know nothing except from the interested statements of ignorant and unprincipled men."—p. 146.

Of course this does not refer to the premonitory symptoms, however slight, that may actually exist, for they require early and effective treatment, lest "a worse thing befall." The best preventive is what the sage Caxton recommended to Trevaneon, the statesman, the saffron bag which Lord Bacon speaks of—(anglice) a calm mind. The treatment we cannot enter upon here, except to protest against Dr. Byrne's recommendation, which we do most earnestly. Twenty grains of calomel and five grains of camphor followed in obstinate cases by five of each every two hours for the premonitory symptoms. We don't doubt the symptoms subside in many cases after taking those doses, but so they will under a great variety of treatment. Opiates in large doses—Quinine, which we have found very useful in many cases in this stage—and even pure stimulants, especially for those who have not previously indulged in the excessive use of them.

Dr. Byrne's book has a great historical value, though we cannot accept it as a complete therapeutic guide upon cholera. The collection of the special facts will always render his work useful to present and future laborers in that large field of investigation comprised in the study of epidemics, their accession, history and the laws by which they are goverened. R. G.

Clinical Lectures on the Diseases of Women and Children. By Gunning S. Bedford, A. M., M. D., Professor of Obstetrics and diseases of Women and Children, and Clinical Midwifery in the University of New York: Sam'l S., and Wm. Wood, 261 Pearl street: 1855. (For sale by Riley & Co.)

The basis of this work appears to be the Clinical Lectures delivered by the author at the University of New York from Oct. 1850, until the present time. The author states that he has been induced to give his lectures publicity in this form, because of the repeated solicitations of his pupils and other friends.

The lectures were reported by Drs. Palmer, Woodcock, Cooper and Gregory, and most of them have been heretofore published in the American Lancet.

The work has no arrangement, for the principle on which the lectures were delivered necessarily precluded the possibility of this.

As the author states, "it presents a running commentary on disease as he understands it."

In the thirty lectures of which the work is made up, a great variety of diseases peculiar to women and children is discussed, and much of the matter brought forward will interest both student and practitioner.

It would be impossible to give a synopsis of the subjects considered in the work. Consisting almost entirely of cases, great latitude is taken by the author for the purpose of elaboration. In his first lecture on "*Diseases of the Uterus,*" for example, he goes back to the time of Hippocrates and his school; gives the history of the *Toucher, speculum,* etc., etc.

Hippocrates devoted two entire books to a consideration of diseases of females. But notwithstanding the importance he attached to the subject, he inculcated as a maxim, which was observed for near two thousand years, that the examination of a patient per vaginum should be made by a *matron,* who should acquaint the physician with the result, and from evidence of this kind he was required to make out his views of the case.

Such is a specimen of the way in which the leading topics in this book are discussed. Perhaps we may allude to the work again in our next Number.

The Microscopic Anatomy of the Human Body in Health and Disease; Illustrated with numerous Drawings in colors. By Arthur Hill Hassall, M. B., *Author of a History of the British Fresh Water Algæ,* Fellow of the Linnean So., Member of the Royal College of Surgeons of England etc., etc. With additions to the text and plates, and an introduction containing instructions in *Microscopic Manipulation.* By H. Vanarsdale, M. D., in two volumes. New York: S. S. & Wm. Wood, 261 Pearl street: 1855.

The above work we have received from S. S. & Wm. Wood, of New York, who are the publishers of a new edition.

No service could have been rendered to the medical profession in the way of publishing books, of more importance than has been done by the publishers of this edition of Hassall.

The work is of English origin, and so well was it executed by its learned author, that but few additions to or revisions of the text have been found necessary in the reprints that have taken place in this country.

The work embraces the Microscopic Anatomy of the human body in both *health* and *disease ;* and we presume that no work yet issued in the English language compares with it in the extent and accuracy of its illustrations. The drawings have been executed with great care, and are well calculated to give correct ideas of what is intended. Indeed, without the use of the Microscope at all, the student, from the many and various plates with which this work abounds, may obtain a large amount of valuable information—information that will be available in the practical department of the profession.

We wish the work an extensive sale. It only needs to be consulted to be appreciated.

It can be obtained through the express agencies, or through the post-office, from the publishers in New York. With the price we are not acquainted.

A Text-Book of Practical Anatomy. By Robert Harrison, M. D., M. R. J. A., Fellow of the Royal College of Surgeons of Ireland and of England, Professor of Anatomy and Surgery of the University of Dublin, and one of the Surgeons of the Jervis-st. Infirmary, etc., etc., with additions by an American Physician, with numerous illustrations—2d edition: New York, S. S. & Wm. Wood, No. 261 Pearl street. [For sale in this city by J. H. Riley & Co.]

This is a new edition of the Dublin Dissector, a work which appeared first in 1827, since which time it has passed through several editions. The last, as prepared by Dr. Harrison, is much enlarged and improved, for the use of students. In the volume before us, valuable additions have been made under the supervision of Robert Watts, Jr., M. D., Professor of Anatomy in the College of Physicians and Surgeons of the University of the State of New York, and the work is now issued by the American publishers, under the more appropriate title of a "*Text-Book of Practical Anatomy.*"

This work is accurate, philosophical in arrangement, and *cheap.* We cheerfully recommend it to students and others having a taste for anatomy.

Medical Lexicon of Modern Terminalogy, being a complete vocabulary of Definitions, and including all the Technical Terms employed by writers and teachers of Medical Science at the preseut day, and comprising several hundred words not found in any other Dictionary. Designed for the use of Students and Practitioners: Third edition. By D. MEREDITH REESE, M. D., Resident Physician of Bellvue Hospital, N. Y., etc., etc. New York: S. S. & Wm. Wood, 261 Pearl street, 1855. [For sale in this city.]

This is a neat little hand-book—a pocket lexicon, well adapted to the use of students and practitioners of medicine. It is now in its third edition and seems to embrace very much of what the student requires in the way of technicalities. The office of the lexicographer is humble and laborious. He has the duty imposed upon him of expunging old and redundant terms, and of collecting from recent original investigations all that are new. In the little volume before us, the author has acquitted himself well in these respects and deserves the thanks of the profession.

PART FOURTH.

EDITORIAL AND MISCELLANY.

EIGHTH VOLUME.

This number commences the eighth volume of the Journal; and we embrace the moment to say a few words to our readers.

Since our connection with the publication of the Journal, we have endeavored to carry out the most obvious designs of all such enterprises—the diffusion of useful information, and the support of measures calculated to give the profession efficiency and dignity.

In attempts to accomplish such objects, we have been mainly governed by our own judgment of what seemed to be proper and expedient, and our course may not have been entirely free from just criticism.

The advances made in all the sciences of which the medical is composed, within the last quarter of a century; and the little consideration given in our day to Theory and Theorizing, have made it necessary on the part of those who have aspirations, to attend closely

to the developments of original research—the experiments and reasoning of those whose opportunities, devotion and learning afford the surest guarantee of accuracy. To such, rather than the loose, shallow opinions and speculations afloat in the medical literature of the day, we have directed attention. Facts or truths are worth nothing unless methodised, arranged in proper connection. Collected from the perceptions of sense, with or without the aid of instruments and mathematical science, and systematized by man's faculty of grouping individual appearances into compound unities, facts constitute the Inductive science within which falls the chief part of the knowledge pertaining to the medical profession.

As a consequence, we have endeavored to make selections the accuracy of which may be relied upon, and which the reader may regard as a contribution to his stock of knowledge.

The Chemistry and Microscopy of the body in health and disease have thrown so much light on the path of the practitioner that we have been induced to dilute our *Selections* considerably with such researches, knowing at the same time that they are not, as yet, so fully appreciated as many other departments requiring less labor and less thought; but believing that the time is not far distant when a complete knowledge of such things will be regarded as being indispensible to an enlightened practice of our art.

To the position of our profession in the public mind we have been at no time careless. Glancing at the influences with which it is affected, and by which it is surrounded, in our day, we see much that affects it unfavorably; but, that is beyond the reach of remedy — feelings and influences that are inseparable from the organism of Humanity, troubles that cannot be avoided until man is "*up-set*," and his metaphysics, ethics and phycholics are remodeled. Innately he has the capacity for imposing upon, and being imposed upon by others. These traits, so fraught with evil consequences to all concerned, many of the credulous and enthusiastic have imagined were confined to the herd—the ignorant and vulgar—but every age has proven that they are more general, embracing large classes of many communities, quite a number of those engaged in exercising the duties of the learned professions, and others distinguished for attainment in figures and letters. Such facts teach us that we should calculate but little upon the support of the public for advancing the interests of our profession; but on the contrary, may reasonably expect from this quarter much which dero-

gates and degrades. On extraneous support, therefore, no one should place much confidence. When it comes, it is very acceptable; and candor requires us to say that we meet occasionally with some noble spirits, who always maintain the perpendicular; who not only resist the inroads of sophistry, but give freely of their time and means, when required, in the cause of science. The fewness of such instances, however, are full of meaning; and at best, should encourage but *few* hopes. In the profession itself reside the elements of advancement. Here are the germs, which if rightly cared for, will expand into a consummation of all that can be desired.

In view of such facts, we have felt it a duty, in conducting a public journal, to advocate and encourage purity of professional intercourse, industrious habits, and a respect for the combined judgment of the profession. It always has been the misfortune of our calling to witness once in a while an individual who gets something into his head, it matters not how rickety or absurd, or how much opposed to general experience, and because his views are not generally adopted, he is off at a tangent, quoting in his favor the persecutions of Harvey, Jenner, &c. Another imagines that he is born to be a "Teacher in Israel," and because things don't go to suit him, he acts on the motto "Rule or Ruin;" regular "pitched battles" ensue, and the result is, the profession, in the public mind, is disgraced. Such conduct we have characterized in the way it deserved, and shall continue to do so—in terms, if necessary, much less general than heretofore.

To the readers of the Journal we say that we will in future expend our best endeavors to make it an index of the improvements, discoveries and inventions going on in the medical world—at home and abroad. To those who have contributed to our pages during the past we return our thanks, and ask for a continuance of such favors. To those who have not written any thing for us, but are able to do so, we extend our invitation. "Reading makes a wise man; speaking, a ready man; *writing*, an exact man."

Bang—Probang.—In this number of the Journal will be found a synopsis of the report of the committee of the New York Academy of Medicine, on Dr. Green's paper, read before that body some time since, on Catheterization of the Air-passages, the introduction of the

Probang into the trachea, etc. This report occasioned, in the Academy, a very spirited debate, an account of which is published in the New York journals of medicine. But the debate is too much diluted with irrelevant matter for our purpose. What has Dr. Green's pedigree, to which he so eloquently (!) refers in one of his speeches, to do with the truth or falsity of what is brought forward in his paper?

All along we have been impressed, perhaps incorrectly, with the undue importance which has been thrown around this subject by Dr. Green and his friends.

That a catheter, properly curved, can be introduced into the trachea, no one should question who admits that foreign bodies get there by accident; nor do we regard it impossible to introduce a sponge probang through the chordæ vocales into even the bronchial tubes. Such questions we think occupied time unnecessarily in the Academy. But that either can be done with a facility that gives it practical consideration, is what no one will believe who has a smattering of the anatomy and physiology of the parts. But suppose that both measures are practicable, the *cui bono* comes up. In bronchial affections what are the advantages over *inhalations* so long practiced? If there are any we should like to see them stated. By *inhalation* drugs may be applied of any strength desired, and what more can be done with a probang? In *pulmonary* diseases, Dr. Green's plan of catheterization is to us not very philosophical. Not a pathologist lives but what regards phthisis pulmonalis as a general disease, involving the lungs pretty constantly, but often not more, or even as much, as many other organs. Of what service, then, topical medication? Any more than it would be in small pox or measles, both of which involve, very seriously, these organs? The probang may be entitled to some consideration in that condition of the air passages which we find in *croup* from the secretion of *false membrane*. Here, however, we should regard its value as being due to a mechanical effect in displacing the unnatural accumulation.

In regard, however, to all the matters agitated, time is required. This trims away sophistry and leaves the truth prominent.

NECROLOGY.

Death of Dr. Kreider.—This event, for some time not unexpected, took place a short time since, at the residence of the deceased, in Lancaster. We have not the data to give any thing like an extended notice of Dr. Kreider at the present time, nor has our personal acquaintance with him been sufficiently intimate to warrant an attempt of the kind. As one of the physicians of our State, we have known him for the last twelve years. He was one of the pioneers of the profession in this part of the State, and like those of his day, was compelled, by the circumstances, to practice more or less in every department. For such various duties, no individual was ever by nature better qualified. Possessed of a strong, vigorous constitution, he could bear any amount of physical labor. Endowed with great versatility of talent, he not only practiced the branches of practical medicine and midwifery with distinguished success, but obtained, from the many important operations he performed, quite a reputation in his region as a surgeon.

As a lover and well-wisher of the medical profession, Dr. Kreider had few equals. Scarcely a meeting ever took place in the State, having for its object the advancement of medical science, but what he was present, and those who are familiar with the transactions of the State Conventions, and with those of the State Medical Society, recollect vividly his zeal, equanimity and discretion.

The last time we had the pleasure of his company, was at his residence, in January last. Unable to leave his room, he however enjoyed the company of his friends and old acquaintances. Very much emaciated, and his noble frame wrecked with the effects of a disease from which he must have been conscious there was no earthly deliverance, he nevertheless appeared cheerful, and amused the company by relating several anecdotes in his own inimitable style.

Diabetis mellitis was the disease with which he was afflicted, though for some time previously to the fatal event, phthisis pulmonalis set in and seemed to be the more immediate cause.

Our pioneer physicians of the west are fast disappearing. Here and there we find one that represents a class of men, who, notwithstanding the inconveniences, deprivations, etc., under which they labored, practiced the "healing art" with a degree of success that it seems to us was far in advance of other things of their age.

Bold and energetic, their want of deep and accurate acquaintance with the elementary sciences was often compensated for by natural

sagacity and a large amount of common sense. With the more important features of disease, they soon made themselves familiar, and their use of drugs and appliances were characterized with surprising success. The diseases of their day were, in the general, well pronounced, so was the system of medication.

Death of Dr. Elisha Bartlett.—For several years, Dr. Bartlett has been in poor health. Worn down by disease, he went, a short time since, to Rhode Island, in the hope of recruiting. He grew worse, however, and died on the 12th July. In the death of Dr. B., the American profession has sustained a loss. He was learned and industrious, and the author of several very creditable productions, among which were his *Treatise on Fevers*, and *Medical Philosophy*. The latter we have regarded as the most meritorious of his works. For close thinking and perspicuity of style, it is a credit to American literature.

Death of Dr. J. F. Potter.—We learn that the death of Dr. Potter, well known to the profession of the State, took place a few days since at his residence in Cincinnati, from cholera.

Periodicals just Received.—*Rankin's Half-Yearly Abstract:* Lindsay & Blakeston, Philadelphia—*Braithewaite's Retrospect:* from Stringer & Townsend, New York—*British and Foreign Medico Chicurgical Review:* from S. S. & Wm. Wood, New York.

These periodicals are full of interesting matter, and the publishers of them are entitled not only to the thanks of the profession, but to their *patronage* also.

S. S. & Wm. Wood, New York, will send a *catalogue* of their books (and they have a very extensive collection of rare books) to any one who desires it, postage free.

Yellow Fever.—We had hoped that our country, after what has happened for the last few years, would have been spared for some time to come, the visitation of another epidemic of yellow fever. But it seems that the disease invaded our Southern borders early in the season; and is now, in several localities, rapidly on the increase. Nearly 400 deaths a week from it are reported in New Orleans. In Norfolk, Portsmouth etc., Va., it is raging with great violence; and

from what we hear, the mortality and distress, considering the population, is almost unparalleled. Among others, several physicians have fallen, while employed in the duties of their profession. In due time the particulars will be more full, when we will sum them up for our readers.

PROF. AGASSIZ—NATURAL HISTORY OF THE UNITED STATES.—Below we insert the *Prospectus* of Prof. A., and commend it to the attenton of our readers. The reputation of the author—what indeed is really known of him—is a guarantee that the proposed work will be one of no ordinary character—and one that should have a place in every physician's library. No one since the times of Buffon and Cuvier has possessed more ability to carry out this interesting and useful department of Natural Science than the author before us.

As the history of all such publications proves that there is little pecuniary reward in store for author or publisher, it is to be hoped that subscriptions will be numerous and prompt.

PROSPECTUS.

Contributions to the Natural History of the United States. In Ten Vols. Quarto. By LOUIS AGASSIZ. To be published by Messrs. Little, Brown & Co., of Boston, Mass.

For more than eight years, I have now been in this country, devoting my attention chiefly to the study of those classes of the Animal Kingdom which American naturalists have, thus far, not fully investigated. The amount of materials I have already brought together is so great, that the time seems to me to have come when I should proceed with the publication of the more important results of these investigations. Desirous of contributing my share to the rapid progress natural sciences are making at present in this part of the world, I wish to present my work to my fellow-laborers in this field in the form most easily accessible to them. It has, therefore, appeared to me desirable to bring it out in a series of independent volumes. This plan will, moreover, leave me entirely free to present my contributions to science with such minute details, and to such an extent, as I shall deem necessary to the fullest illustration of my subject.

Without entering into a detailed account of the contents of this work, it may be sufficient here to state, that it will contain the results

of my embryological investigations, embracing about sixty monographs, from all the classes of animals, especially selected among those best known as characteristic of this continent; also descriptions of a great number of new genera and species, accompanied with accurate figures, and such anatomical details as may contribute to illustrate their natural affinities and their internal structure.

I shall not extend my publications to classes already illustrated by others, but limit myself to offering such additions to the Natural History of the States I have visited as may constitute real contributions to the advance of our knowledge.

From a careful estimate of the materials I have now on hand, I am satisfied I shall be able to include the most valuable part of my investigations in ten quarto volumes; each volume containing about three hundred pages, with at least twenty plates. I therefore now open a subscription for such a work, in ten volumes, quarto, in cloth binding, at the price of twelve dollars each volume, payable on delivery. Each volume shall be complete in itself, containing one or several independent monographs; so that, if any unforeseen difficulties should interrupt the publication of the whole, the parts already published shall not remain imperfect. As far as possible, I shall always select first such of my papers as contain the largest amount of new matter, or may contribute most directly to the advancement of science. Having devoted the greatest part of my time to the investigation of the embryonic growth of our animals, I shall make a beginning with the embryology of our turtles, several of which I have traced through all their changes. I trust this monograph will afford our medical students a fair opportunity of making themselves familiar with the modern results of one branch of physiology, which has the most direct bearing upon their science, and for which the different species of the family of turtles found in every part of the United States will afford them a better opportunity even than the artificial breeding of hens' eggs. Moreover, the extent of my embryological researches, covering, as they do, all the classes of the animal kingdom, will furnish, I trust, a new foundation for a better appreciation of the true affinities, and a more natural classification of animals. I foresee the possibility, upon this basis, of determining, with considerable precision, the relative rank of all the orders of every class of animals, and of furnishing a more reliable standard of comparison between the extinct types of past geological ages and the animals now living upon earth.

I shall have frequent opportunities of acknowledging the many favors I have received from naturalists of all parts of the country, from the Atlantic to the Pacific Coast, and from the shores of our great Lakes to those of the Gulf of Mexico; and also of mentioning the many specimens which have been furnished to me from every part of the Union, and of which I shall publish descriptions.

It is a matter of course, that a work like this, illustrated by a large number of plates, cannot be published without a liberal and extensive patronage. As it has been prepared solely with the view of throwing additional light upon the wonderful diversity of the animal creation of this continent, its structure, and its general relation to that of the other parts of the world, without the slightest hope of compensation for myself, I trust I may meet with the approbation of those conversant with the importance of the subject, and receive sufficient encouragement from the enlightened part of the community to enable me to bring to a successful close an undertaking upon which I enter now, and in this form, for no other purpose than to contribute my share towards increasing the love of nature among us.

As the printing of this work cannot begin until a sufficient guarantee is secured for the publication of the whole, I take the liberty of making an appeal to the lovers of science to send to the publishers their own subscriptions, and such others as they may procure, as soon as convenient, and, if possible, before the first of August next, that I may be able to proceed at once with a work which, relating to animals peculiar to America, I wish to make, in every respect, an American contribution to science, fostered and supported by the patronage of the community at large.

To render the work more generally accessible, it is intended to publish at the rate of about one volume a year. Such an arrangement will bring the whole within reach of every student of Natural History, and of every friend of the progress of science in the country. The periods of publication however, cannot be more definitely fixed, because the required uniformity of execution of the plates, to which particular attention will be paid, will demand that they be all entrusted to the same artist, who has drawn on stone most of the plates of my former works.

L. AGASSIZ.

CAMBRIDGE, May 28, 1855.

Blindness Depending upon Palsy of the Iris. By G. A. KUNKLER, M. D., Madison, Indiana.

I subjoin a few cases and their treatment of this comparatively rare disease, and trust they may be found of some interest.

Case 1st. Mr. G. W————, a watchmaker, aged 25 years, was suddenly affected with blindness of the left eye while working; he has always been myopic, and had lately tasked his eyes very much, by working both by natural and artificial light, at some fine work in which he was engaged. He could see distant objects indistinctly, but could not perceive near objects at all with his eye. The pupil was dilated to its fullest extent, the iris being drawn near the ciliary ligament, and was immovable to light applied to either one eye or the other. On getting the patient to look through a hole in a piece of coin, he could read print with the affected eye, thus proving that the disease was not amaurosis, but that vision was prevented by the quantity of light which entered the eye and overpowered the retina.

I at once proceeded to cauterize the circumference of the cornea with solid nitrate of silver, according to the plan proposed by Mr. Serres. The patient was at the same time depleted, and a blister placed on the neck and behind the ears. Under this treatment he rapidly improved, and in two weeks recovered completely.

Case 2d. Miss L. H————, aged 14 years, came under my care in consequence of having been attacked with blindness of one eye. She had been looking at the sun for a long time through some colored glass, which had caused the accident. The pupil was widely dilated and immovable, and it was impossible for her to distinguish light from darkness.

Judging the case to be one of palsy of the iris, I immediately adopted the same treatment as in case 1st. She was bled, blistered and put under the influence of mercury for some weeks without material benefit. The cornea had also been cauterized. I now commenced using the strychnine in solution, and with the happiest effect, the sight being restored completely in about ten days after commencing its use.

Case 3d. Mr. McC————, a moulder in a brass foundry, while casting some brass ware, and exposing himself to the full heat of the furnace, was suddenly deprived of sight, and was required to be led home. The pupils were dilated; patient could not distinguish light from darkness; experienced considerable pain deep

in the orbit. He was depleted, blistered and kept in a darkened room, and in the course of ten days was able to go about.

It is highly important to discriminate accurately between palsy of the iris and amaurosis, since the treatment which is so efficacious in the one would be no less improper than useless in the other.

Several cases have come under my observation in which this disease had been mistaken for amaurosis, and had been treated for a long time without effect, and only yielded to the persevering use of strychnine.

The Rule Works both Ways.—Physicians practicing surgery have frequently been annoyed and sometimes broken up by suits at law instituted against them for alleged mal-practice. In some parts of the country these suits have been decided so commonly, and with such facility against physicians, that they have resolved, before treating cases of fractures, dislocations, &c., to take a bond of indemnity from the patient as a security against prosecutions.

Lately a case has been tried before the Supreme Court of Baltimore city, in which Dr. O'Neil was plaintiff and Madison Jeffrees defendant. Dr. O'Neil had treated the said Jeffrees for fracture of both thigh bones. Before the patient recovered completely, and afterward, he circulated reports touching the professional standing of his physician, Dr. O'Neil. The latter instituted a suit against him for libel and recovered $10,000 damages.

The case was argued with great ability. Merrick and Brent for plaintiff, Marshall and Matthews for defendant. Mr. Brent's speech is before us, and will, in whole or in part, be laid before our readers at some future time.

Transmission of Scabies from the Lion to Man.—An instance has lately been presented to a Medical Society of Paris, on the *acarus* found on different animals, from which it appears that itch is transmissible from the lion to man. The fact is explained by the circumstance that the parasite of the lion and that of man are analagous.

Faculty of Starling Medical College.—Since the Annual Announcement of this institution was issued, Prof. E. M. Moore has resigned the Chair of Surgery, and in his place Prof. Hamilton, who, during the last session, occupied the Chair of Materia Medica, Therapeutics, &c., has been appointed.

The Chair of Therapeutics, Materia Medica and General Pathology, has been filled by the appointment of H. L. Thrall, of this city. Dr. Thrall has had considerable experience as a teacher of Chemistry in Gambier College.

S. Loving, M. D., has been appointed Demonstrator of Anatomy in the place of Dr. McMillen, resigned.

As now constituted, the faculty is expected to be permanent. For the first time in the history of the Institution, the teachers have all been selected from material of indigenous growth. As a consequence, they will feel closely identified with its interests, and will be able to give it the greatest possible degree of efficiency and usefulness.

New Work by Dr. Jas. Jackson.—We see it announced that Dr. Jackson is about to favor the public and the profession with a volume containing the fruits of his long medical experience. Rumor states that it is to be in the form of letters addressed to a Young Practitioner.

Health of our City.—Our city continues in the enjoyment of excellent health, and when it is recollected that we have passed the period of the season when the severer forms of disease make their appearance, we may reasonably indulge the hope of being spared throughout the year.

The inhabitants of the interior, as far as we have learned, are suffering more this year than common from Intermittent fever. It is, however, as yet, generally of a mild type, and will doubtless continue so unless the weather becomes, between now and the first of October, very warm and dry. In that event, we may expect a profusion of Congestive intermittents, Bilious remittent fever, etc.

Since April, the present year has been characterized with an uncommon amount of rain. This, as far as we are advised, has extended to most of the Western States. The temperature,

too, of the season has been low, much more so than last. As a consequence of these things, most of the streams of water have remained pure, and continued to flow freely, instead of presenting, as is usually the case at this period, a linear series of stagnant pools. The ponds, and excavations of table lands known as "Slashes," contained little or no water during the winter, but filled up with the spring and summer rains, and have continued in this condition until the present time. Such circumstances have literally had the effect of drowning the poison which would have been exhaled from these sources, for, under favorable conditions the amount that would have been generated from the great quantity of material, in the way of rank vegetation on hand, the sickness must have been immense.

In due time we will allude to the meterological reports of the the season for this, and other localities.

Connection between Rheumatism, Endocarditis, and Chorea. This subject, Mr Johnston remarks, has of late years engaged the attention of some of our most eminent modern practitioners. There is still, however, considerable difference of opinion as to the relation the above diseases bear to each other. . . . Three chief explanations have been offered of it. It has been said, first, that when chorea supervenes, there is a marked disposition of the rheumatic affection to recede from the joints, and attack the internal fibro-serous membranes, and that, therefore, when we have chorera as a complication, we might infer the existence of the inflamed spinal theca. This theory might appear to receive some support from the case narrated to the Belfast Pathological Society, inasmuch as the joints were not so acutely affected as is usual, and the severity of the spasms causing even opisthotonos, led to the suspicion of the spinal cord being considerably engaged. The second theory is that the cardiac affection may operate as an eccentric cause, producing irritation of the afferent nerves, and upon the principle of the reflex function, thus originate the irregular movements. The third and latest view regarding chorea as a blood-disease, looks upon the association of rheumatism, cardiac complication, and chorera, as owing to these maladies, being the concomitant effects of the same cause—namely, the specific disorder of the circulating fluid.—*Transactions of Belfast Pathological Society.*

MEDICAL COLLEGE OF OHIO--SESSION OF 1855-6.

THE THIRTY-SIXTH ANNUAL COURSE OF LECTURES in this institution, will commence on the 15th day of October, and continue until the last day of February.

FACULTY.

THOMAS WOOD, M. D.,
Professor of Anatomy.

JOHN A. WARDER, M. D.,
Professor of Chemistry and Toxicology.

JAMES GRAHAM, M. D.,
Professor of Materia Medica and Therapeutics.

GEORGE C. BLACKMAN, M. D.,
Prof. of the principles & practice of Surgery & Clinical Surgery.

JOHN H. TATE, M. D.,
Prof. of Physiology, Hygiene and Medical Jurisprudence.

N. T. MARSHALL, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

S. G. ARMOR, M. D.,
Prof. of Pathology & Practice of Medicine & Clinical Medicine.

R. L. RAE, M. D.,
Demonstratar of Anatomy.

FEE FOR THE WHOLE COURSE, $92; Martriculation (paid once only), $5; Hospital, $5; Graduation $25; Demonstrator's Ticket, $8; Board, $2,50 to $3 a week.

A Preliminary Course, free to all students, will commence on the 1st of October, and continue until the commencement of the regular session.

Clinical instruction, by the Professors of Clinical Medicine and Surgery, will be given daily at the Commercial Hospital.

A Medical and Surgical *Clinique*, has also been established in connection with the College, at which cases will be prescribed for, and operations performed, in presence of the class.

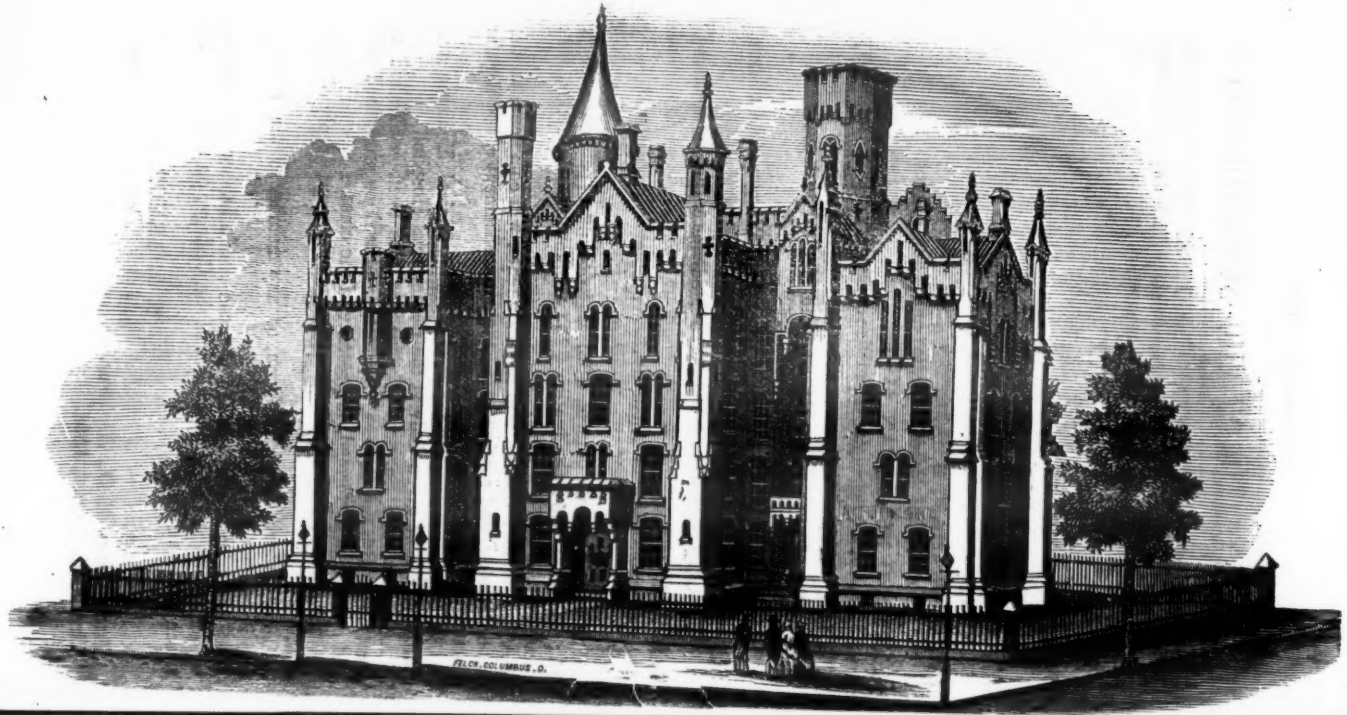
Students may rely upon an abundant and *prompt* supply of *material.*

Letters addressed to the Dean, or any member of the Faculty, will be promptly answered.

Students, on arriving in the city, can obtain further information, by calling on the Dean or Janitor at the College, on 6th street, between Race and Vine.

S. G. ARMOR, M. D.
Dean of the Faculty.

THOS. WOOD, M. D., *Registrar.*
Cincinnati, August, 1855.



STARLING MEDICAL COLLEGE.

SESSION OF 1855.

THE REGULAR SESSION OF STARLING MEDICAL COLLEGE will begin on Wednesday, the 17th day of October, 1855, and continue for *five full months.*

FACULTY.

S. M. SMITH, M.D.,
Professor of Theory and Practice, and Dean.

FRANCIS CARTER, M.D.,
Professor of Obstetrics, and Diseases of Women and Children.

J. H. HAMILTON, M.D.,
Professor of Surgery.

JOHN DAWSON, M.D.,
Professor of General and Special Anatomy and Physiology.

H. L. THRALL, M.D.,
Prof. of Materia Medica, Therapeutics and General Pathology.

THEO. G. WORMLEY, M.D.,
Professor of Chemistry.

S. LOVING, M.D.,
Demonstrator of Anatomy.

The Trustees and Faculty are happy in being able to announce the gratifying success that has attended their extension of the term to five months. It has enabled the faculty to give a more complete course in each department, and been more profitable and satisfactory to the student; and a larger number of our class remained till the close of the session than ever before.

The organization of the institution, as now effected, will, we are assured, secure for it a success not before attained. Its Professors are all residents; and fully identified in every way with its highest prosperity. Their present arrangements will enable them to add yearly to their means of illustration.

The faithful attention, flattering acquirements, and commendation of a class so intelligent as our last, is a guarantee that the efforts made for their instruction were fully appreciated. While every department was fully and clearly illustrated, the whole instruction was made yet more valuable by the clinics, the microscopic illustrations, and the extensive course on organic and analytical chemistry.

FEES.

Tickets of all the Professors, - - - - - -	$60 00
Matriculation Ticket, - - - - - - - - -	3 00
Graduation Fee, - - - - - - - - -	20 00
Ticket for the privileges of the Dissecting Room, including the services of the Demonstrator, - - - - -	5 00

Subjects for dissection in the building, furnished at a moderate ex-

pense, on application to the Demonstrator of Anatomy, *and in no other way.*

Inquiries and requests being sometimes made for indulgence in time, we propose to allow, in such cases, that a judgment note for $65, with interest and approved security payable in one year, may be taken. But our *rule* is payment within the first three weeks of the session.

EXPENSES FOR A SINGLE SESSION.

Fees, including the Dissecting Ticket, - - -	$68 00
Boarding, including lights and fuel, from $2 to $3,00 per week, for twenty weeks—$40 - - - - -	60 00
	$108 to 128 00

There are three extensive Bookstores in Columbus, at which Medical works in great variety are sold at very low rates. Surgical, Obstetrical and Dissecting instruments are readily obtained.

All letters of inquiry will receive prompt attention, if addressed to any member of the Faculty, or to S. M. SMITH, *Dean.*

EYE AND EAR INFIRMARY.

STARLING HALL, COLUMBUS, OHIO.

THIS INSTITUTION, FOUNDED BY THE LATE LYNE STARLING, Esq., for Infirmary purposes, is comfortably and neatly furnished for the medical and surgical treatment of persons afflicted with diseases of the *Eye* and *Ear.*

Starling Hall will be under the immediate medical and sanitary direction of R. J. PATTERSON, M. D., who will reside in the building and devote all needed time to the careand treatment of the inmates.

Physicians, as well as those afflicted, are invited to call and examine the Institution,—its fixtures, and the facilities for the treatment of disease.

All letters addressed to the undersigned, will receive prompt attention.

R. J. PATTERSON, M. D.,
Oculist.

STARLING HALL, Columbus, O, May 1, 1855.

TERMS—For board, washing, furnished apartments, fuel, lights, nursing, and treatment, the charges will range from $5 to $10 per week.

For Surgical operations, a separate charge will be made.

REFERENCES.

S. M. Smith, M. D.,	F. Carter, M. D.,
J. Dawson, M. D.,	T. G. Wormly, M. D.,
J. W. Hamilton, M. D.,	E. M. Moore, M. D.

UNIVERSITY OF MICHIGAN MEDICAL COLLEGE.

FIFTH SESSION, 1855–6.

The Annual Course of Lectures will be commenced on the first day of October, and continue six months.

The Annual Commencement for conferring degrees will be held on the last Thursday of March.

FACULTY.

ZINA PITCHER, M. D.,
Emeritus, Professor of Obstetrics and Institutes of Medicine.

ABRAHAM SAGER, M. D.,
Professor of Obstetrics and Physiology.

SILAS H. DOUGLASS, M. D.,
Professor of Chemistry, Pharmacy, and Medical Jurisprudence.

M. GUNN, M. D.,
Professor of Surgery.

SAMUEL DENTON, M. D.,
Professor of Theory and Practice of Medicine and Pathology.

A. B. PAMER, M. D.,
Professor of Therapeutics, Materia Medica, and Diseases of Women and Children.

C. L. FORD, M. D.,
Professor of Anatomy.

C. P. TANNER, M. D.,
Demonstrator.

The Faculty being paid from the fund of the University, there are no lecture fees, the instruction being free.

Dissecting *material* is abundant at a reasonable price.

The Museum is one of the finest in the West. During the present summer a cabinet of 550 specimens of Materia Medica, and 450 of Chemical examples have been added: all splendidly put up, and prepared in Europe.

Books and instruments are to be had in the stores of the place.

EXPENSES.

Board from $2 to $3 per week.

Instruction gratuitous; Matriculation Fee $10, payable but once, and applied to the benefit of the Library and means of illustration.

No graduation Fee, but a charge of $2 for the purpose of the parchment.

A Fee of $3 will be assessed for the advantage of the Anatomical Laboratory. For further information see Catalogue.

C. L. FORD, M. D., Secretary of Faculty.

MIAMI MEDICAL COLLEGE, OF CINCINNATI.

SESSION OF 1855–'56.

The regular Course of Lectures in this College will commence on Monday, October the 15th, and continue until the ensuing March.

A *Preliminary Course* will commence at the College on the 1st of the Month, and continue until the regular Session on the 15th ; also Chemical Lectures at the Hospitals and at the College Dispensary, which will be free.

R. D. MUSSEY, M.D.,
Professor of Descriptive and Operative Surgery.

J. P. JUDKINS, M.D.,
Professor of Surgical Anatomy and Surgical Pathology.

JOHN DAVIS, M.D.,
Professor of Anatomy.

JOHN F. WHITE, M.D.,
Professor of the Theory and Practice of Medicine.

GEO. MENDENHALL, M.D.,
Professor of Obstetrics and Diseases of Women and Children.

JOHN A. MURPHY, M.D.,
Prof. of Materia Medica, Therapeutics and Med. Jurisprudence.

C. G. COMEGYS, M.D.,
Professor of the Institutes of Medicine.

H. E. FOOTE, M.D.,
Professor of Chemistry.

WM. CLENDENIN, M.D.,
Demonstrator of Anatomy.

J. T. WEBB, M.D.,
Prosector to the Professor of Anatomy.

Clinical Instruction can be had at the Commercial Hospital, St. John's Hotel for invalids, and the City Dispensary. This last named charity has been greatly extended, so that from two to three thousand patients are annually prescribed for, and many operations performed. Advanced Students can take charge of cases at the homes of patients if they wish to do so, and watch their daily progress under the supervision of Professors of the College.

The department of Practical Anatomy, will receive attention under the care of the Professor of Anatomy and the Demonstrator.

FEES:

For the whole course,	$92 00
Matriculation Ticket (paid once only),	5 00
Dissecting Ticket,	8 00
Hospital Ticket,	5 00
Graduation Fee,	25 00

Expenses incurred by students in the city may be light. Good boarding may be procured from $2.50 to $3.00 per week.

Students on reaching the city by calling at the College, (Northwest corner of Fifth street and Western Row,) will be conducted to good boarding-houses, and receive every attention.

For further information, address

GEO. MENDENHALL, M.D., *Dean of Faculty*, 197 Fourth Street.

IOWA UNIVERSITY.—BOARD OF TRUSTEES.

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DR. M. MORSMAN.

MEDICAL FACULTY.

D. L. M'GUGIN, M. D.,
Professor of Physiology, Pathology, and Microscopy.

FREEMAN KNOWLES, M. D.,
Professor of Theory and Practice of Medicine.

J. C. HUGHES, M. D.,
Professor of Surgery and Dean of Faculty.

J. E. SANBORN, M. D.,
Professor of Chemistry and Materia Medica.

E. R. FORD, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

EDWARD A. ARNOLD, M. D.,
Professor of Anatomy.

JESSE BOWEN, M. D.,
Lecturer on Medical Jurisprudence.

KIRTLEY RYLAND, M. D.,
Demonstrator of Anatomy.

STEPHEN MYERS, *Janitor.*

CINCINNATI RETREAT FOR THE INSANE.

IN CHARGE OF EDWARD MEAD, M. D.,

Editor of the American Psychological Journal, Lecturer on Insanity and Forensic Medicine, late Professor of Obstetrics, formerly of Materia Medica, &c.

THIS INSTITUTION IS NOW OPEN FOR THE RECEPTION of patients. It is a select establishment, presenting superior advantages. None but quiet patients are admitted.

The long experience of the Superintendent, as a practitioner and teacher, affords a guaranty of kindly care and the most successful treatment.

Terms made known on application to Dr. Mead, Cincinnati, O.

RUSH MEDICAL COLLEGE, CHICAGO, ILLINOIS.

THE Annual Course of Lectures for the Session of 1855–'56, will commence on Monday, the 5th of November, and continue four months. The Dissecting Rooms in the College will be opened and the Clinical Lectures in the Hospital commenced on the first Tuesday of October, and will be regularly atttended from that time to the end of the College Term.

FACULTY.

THOMAS SPENCER, M. D.,
Emeritus Professor of Theory and Practice of Medicine.

DANIEL BRAINARD, M. D.,
Professor of Surgery and Clinical Surgery.

JAMES V. Z. BLANEY, M. D.,
Professor of Chemistry and Pharmacy.

WM. B. HERRICK, M. D.,
Professor of Physiology and Pathology,

JOHN EVANS, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

N. S. DAVIS, M. D.,
Professor of Principles and Practice of Medicine and Clinical Medicine.

J. W. FREER, M. D.,
Professor of Anatomy.

H. A. JOHNSON, M. D.,
Professor of Materia Medica and Medical Jurisprudence.

EDMUND ANDREWS, M. D.,
Lecturer on Comparative Anatomy and Demonstrator.

FEES.—Fees for the full College Course, $50; Dissecting Ticket, $5; Graduation Fee, $20; Hospital Ticket, $6; Admission to Marine Hospital, $5.

N. S. DANIS, M. D.,
Secretary of Faculty.

NOTICE TO PHYSICIANS.

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PHILADELPHIA COLLEGE OF MEDICINE.

THE Winter Session will begin Monday, October 8th, 1855. The Spring Session will open in March, 1856, and close in July. Degrees are conferred in March and July.

FACULTY.

GEORGE HEWSTON, M. D.,
Professor of Anatomy.

B. HOWARD RAND, M. D.,
Professor of Chemistry.

HENRY HARTSHORNE, M. D.,
Professor of Institutes of Medicine.

JAMES D. TYSON, M. D.,
Professor of Materia Medica.

ISAAC A. PENNYPACKER, M. D.,
Professor of Practice of Medicine.

JAMES BRYAN, M. D.,
Professor of Surgery.

LEWIS D. HARLOW, M. D.,
Professor of Midwifery, &c.

JOSEPH PARRISH, M. D.,
Emeritus Professor of Midwifery, &c.

FEES.—The full course, $48; Perpetual Ticket, $150; Matriculation, $5; Graduation $30.

Examinations are held daily by the Professors upon each branch. Advanced students are furnished gratuitously the Hospital Ticket, and have opportunities of attending cases in Medicine, Surgery and Midwifery, under care of the Professors.

For announcement, or other information, address

B. HOWARD RAND, M. D., *Dean.*,
At the College, Fifth-st., below Walnut.

Philadelphia, August 9th, 1855.

UNIVERSITY OF PENNSYLVANIA--MEDICAL DEPARTMENT.

NINETEENTH SESSION (1855-6.)

THE LECTURES WILL COMMENCE ON MONDAY, OCTOBER 1, and terminate the middle of March ensuing.

Theory and Practice of Medicine,	By George B. Wood, M. D,
Anatomy, - - - - -	" Joseph Leidy, M. D.
Materia Medica and Pharmacy, -	" Joseph Carson, M. D.
Chemistry, - - - - -	" Robert E. Rogers, M. D.
Surgery, - - - - - -	" Henry H. Smith, M. D.
Obstetrics and the Diseases of Women and Children, -	" Hugh L. Hodge, M. D.
Institutes of Medicine, - -	" Samuel Jackson, M. D.

Clinical Instruction will be given at the Pennsylvania Hospital and Philadelphia Hospital.

Clinical Instruction in Medicine and in Surgery by the Professors of the Medical Faculty.

The course of Dissection will be conducted by the Professor of Anatomy, aided by Wm. Hunt, M. D. Demonstrator.

Amount of Fees for Lecture in the University, - -	$105
Matriculation Fee (paid once only), - - - -	5
Hospital Fee, - - - - - - - - -	10
Practical Anatomy, - - - - - - - -	10
Graduating Fee, - - - - - - - - -	30

JOSEPH CARSON, M. D., *Dean of the Medical Faculty,*
332 *Walnut Street, between Twelfth and Thirteenth Streets.*
F. B. DICK, *Janitor University.*

UNIVERSITY OF BUFFALO.—MEDICAL DEPARTMENT.

THE Annual Course of Lectures in this Institution, commences on the *first* Wednesday in November, and continues sixteen weeks. The dissecting rooms will be opened on the 16th of October.

FACULTY.

CHARLES B. COVENTRY, M. D.,
Emeritus Professor of Physiology and Medical Jurisprudence.

JAMES P. WHITE, M. D.,
Professor of Obstetrics and Diseases of Women and Children.

FRANK H. HAMILTON, M. D.,
Professor of Principles and Practice of Surgery.

GEORGE HADLEY, M. D.,
Professor of Chemistry and Pharmacy.

THOMAS F. ROCHESTER, M. D.,
Professor of Principles and Practice of Medicine.

SANFORD B. HUNT, M. D.,
Professor of Anatomy.

JOHN BOARDMAN, M. D.,
Demonstrator of Anatomy.

FEES.—Including Matriculation and Hospital Tickets, $75. Demonstrator's Ticket, $5. Graduation Fee, $20.

For further information, address
THOMAS F. ROCHESTER,
Buffalo, August, 1855. Dean of the Faculty.

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UNIVERSITY OF NEW YORK.

Medical Department.

SESSION OF 1855–56.

THE LECTURES WILL COMMENCE ON MONDAY, OCT. 15th, and be continued until 1st of March following. The session of 1854–55 was attended by a class of 307 students, on 106 of whom the degree of Doctor of Medicine was conferred.

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FACULTY OF MEDICINE.

Rev. Isaac Ferris, D.D., LL. D., *Chancellor of the University.*

Valentine Mott, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, and Ex-President of the Faculty.

Martin Paine, M.D., LL.D., Professor of Materia Medica and Therapeutics.

Gunning S. Bedford, M.D., Professor of Obstetrics, the Diseases of Women and Children, and Clinical Midwifery.

John W. Draper, M.D., LL.D., Professor of Chemistry and Physiology.

Alfred C. Post, M.D., Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.

William H. Van Buren, M.D., Professor of General and Descriptive Anatomy.

John T. Metcalfe, M.D., Professor of the Institutes and Practice of Medicine.

Charles E. Isaacs, M.D., Demonstrator of Anatomy.

George A. Peters, M.D., Prosector to the Professor of Surgery.

Alexander B. Mott, M.D., Prosector to the Emeritus Professor of Surgery.

John W. Draper, M.D., LL. D., President of the Faculty.

COURSE OF INSTRUCTION.

The course of Lectures given will be on Anatomy—general, descriptive, surgical and pathological; Principles and Operations of Surgery; Materia Medica and Therapeutics; Institutes and Practice of Medicine; Obstetrics, the Diseases of Women and Children, with Clinical Midwifery; Chemistry and Physiology; Clinical Surgery; Clinical Medicine; Clinical Lectures on the Diseases of the Genito Urinary Organs; Clinical Lectures on the Diseases of Women and Children; Clinical Lectures on Physical Diagnosis.

PRACTICAL ANATOMY.

The Legislature of New York having passed the Anatomical bill, the students will be furnished with ample facilities for the study of this department.

CLINICAL INSTRUCTION

will be given at the New York Hospital and Bellevue Hospital; and the various Dispensaries of the city, including the Eye and Ear Infirmary, in which there are yearly more than 80,000 patients, will be open to the students free of charge. In addition, there are held in the College Building, also free of charge to the students of the university, five Cliniques each week, as follows: 1. *An Obstetric Clinique for the diseases of women and children* on every Monday, from 2½ to 4½ o'clock P. M., by Prof. BEDFORD. Since the organization of this Clinique in October, 1849, there have been actually presented to the classes of the university between *eight and nine thousand* cases of the most interesting diseases incident to women and children.

2. *A Surgical Clinique* on every Tuesday, from 2½ to 4½ o'clock P. M., by Prof. MOTT. This clinique presents abundant opportunity for the study of surgical disease, and witnessing every variety of surgical operations.

3. *A Medical Clinique* every Wednesday, from 2½ to 3½ P. M., by Prof. METCALFE. Patients laboring under diseases of the lungs, heart, &c., are presented at this Clinique, and full opportunity is given to the students for the study of physical diagnosis, &c.

4. *Surgical Clinique, with the diseases of the Genito Urinary Organs*, every Wednesday, from 3½ to 4½ P. M., by Prof. VAN BUREN. Besides its general surgical advantages, this Clinique presents ample opportunities for the study of syphilitic disease, strictures, &c.

5. *Surgical Clinique* every Saturday, from 11 A. M. to 1 P. M., by Prof. POST. During the session just closed, besides various operations of importance, Prof. Post performed in this Clinique, before his class, Lithotrity fifteen times and Lithotomy once, with entire success.

FEES FOR THE WINTER COURSE.

Full course of Lectures	$105
Matriculation fee	5
For instruction by the Demonstrator	5
Graduation fee	$30

BOARDING.

Good board can be obtained in the vicinity of the College at about $4 per week.

N. B. Students will please call, on their arrival, at the College, No. 107 East 14th street, and enquire for the Janitor, Mr. Polman, who will provide them with boarding houses.

Letters may be addressed to Prof. DRAPER, President of the Faculty, University, New York.

NEW YORK, April , 1845.

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